



APPLICATION FOR EMPLOYMENT

T. R. Miller Mill Company, Inc.

P. O. Box 708
Brewton, AL 36427

(251) 867-4331

Applicant's Full Name: _____
FIRST MIDDLE LAST

Position for which you are applying: _____

FOR OFFICE USE ONLY

(Do not write in this box.)

Division _____ Cost Center _____ Clock No. _____

Date of Hire _____ Rate _____ Supervisor _____



Notice to Applicants and/or Employees

Screening tests for alcohol and illegal drug use are required before hiring and during employment at
T. R. Miller Mill Company, Inc.

Please initial each item below indicating that you understand and agree to the following terms:

- _____ I understand T. R. Miller Mill Company, Inc. reserves the right to require its employees to submit to tests for alcohol and/or drugs, and to allow inspection of any items brought onto or taken from the premises. I understand that refusal to submit to a drug and/or alcohol test or search may result in termination of employment.
- _____ I understand this employment application and any other Company documents are not contracts of employment. If hired, my employment is at will and can be terminated at any time, with or without notice, for any reason, and any individual who is hired may voluntarily leave employment at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any existing or prospective employee. I also understand that the status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by an officer of T. R. Miller Mill Company, Inc. Nothing in this application is intended to imply or create an employment relationship or contract for employment.
- _____ I understand if I am offered employment by T. R. Miller Mill Company, Inc., any such offer is conditional upon the results to the Company's satisfaction of my pre-hiring physical examination, the verification of all my personal data, and the results of a drug screening analysis for substance abuse. These results may be grounds for withdrawing a job offer or terminating my employment.
- _____ I understand T. R. Miller Mill Company, Inc. will not discriminate against any employee or applicant for employment because of age, religion, sex, race, color, national origin, sexual orientation, or disability. Answers to questions within this application will be utilized for applicable job-related information only.
- _____ I hereby certify that all information given by me in this application is true in all aspects. I agree that if I am employed and the information is found by T. R. Miller Mill Company, Inc. to be intentionally false in any respect, my employment will be immediately terminated without notice or job offer will be retracted. I further certify and agree that, if employed by T. R. Miller Mill Company, Inc., I will abide by and comply with all of the rules and policies of T. R. Miller Mill Company, Inc., including its policies prohibiting harassment and discrimination, and I understand and agree that I will be responsible for reporting any potential violations of such policies. I further understand that if employed by T. R. Miller Mill Company, Inc., I will be employed at will, meaning that either T. R. Miller Mill Company, Inc. or I may terminate the employment relationship for any reason and at any time without notice.
- _____ I understand if I am offered employment by T. R. Miller Mill Company, Inc. that I will be required to present two forms of identification (for example, driver license, social security card, birth certificate) and, if hired, will be required to provide my own steel-toed safety shoes or boots.

Signature _____ Date _____

This application will be active for ninety (90) days. All applications are kept on file for one (1) year. All information will be treated confidentially. Failure to answer questions fully will void this application. The use of this application does not indicate that any positions are open and does not in any way obligate this Company.

PLEASE NOTE: You must complete your own application. All applicable questions must be answered in order for this application to be considered. If an item does not apply, write "NA." Please print clearly and fill in all spaces.

Personal

How did you learn about T. R. Miller Mill Company, Inc.? Advertisement Friend Career Center Walk-In Relative

First Name _____ Middle Name _____ Last Name _____

Present Address _____ City/State/Zip _____ How long? _____

Social Security Number _____ Telephone Number _____ Driver License Number _____

Date of Birth _____ County and State of Birth _____

(Note: The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Reported date of birth is used exclusively to verify applicant's background information.)

Prior Address _____ City/State/Zip _____ How long? _____

Have you ever worked at T. R. Miller Mill Company, Inc.? Yes No

If yes, in what position? _____ Dates of employment _____

Are you presently on layoff or leave from any other company? Yes No

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify you from employment.)

If yes, explain: _____

Do you have a current probation officer? Yes No

Are you eligible to work in the United States? Yes No (Proof of eligibility will be required before you can be employed.)

What date are you available for employment? _____ Are you at least 18 years of age? Yes No

Education

Elementary School/City/State _____ Circle highest grade completed: 1 2 3 4 5 6 7 8

High School/City/State _____ Circle highest grade completed: 1 2 3 4

Did you graduate from high school? Yes No

If no, did you receive a General Education Diploma (GED)? Yes No Date GED received _____

Colleges and/or Vocational Schools/ City/State	Date From	Date To	Date Graduated	Date Degree Received/Expected	Average Grade Received	Course Major/ Field of Study

Military Experience: Branch of service _____ Dates served: From _____ To _____

Training and duties while in service _____

Rank at discharge _____ Type of discharge _____

Past Employment

Give past employment record as completely as possible, starting with your most current employer.

Employer _____ Telephone number _____
Address _____ Position(s) held _____
Dates of employment _____ Salary _____ Supervisor _____
Duties and equipment operated _____
Reason for leaving _____

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Professional Licenses and/or Certifications

Type	License No.	Date Issued	Renewal Date	State

References

List at least three responsible adults who have knowledge of your work ethic, character, experience, and abilities.
(Do not include relatives or fellow employees.)

Name	Address	Telephone	Occupation

Do you know anyone who currently works or has worked at T. R. Miller Mill Company, Inc.? If yes, please list below.

Name	Occupation

Please include any additional information that you believe might be useful to T. R. Miller Mill Company, Inc. in evaluating this Application for Employment. Please omit any reference to organizations or activities that would indicate race, religion, age, sex, national origin or ancestry, sexual orientation, disability, or political persuasion.

I hereby certify that all information given by me in this application is true in all aspects. I agree that if I am employed and the information is found by T. R. Miller Mill Company, Inc. to be intentionally false in any respect, my employment will be immediately terminated without notice. I further certify and agree that if employed by T. R. Miller Mill Company, Inc., I will abide by and comply with all of the rules and policies of T. R. Miller Mill Company, Inc., and I will be employed at will, meaning that either T. R. Miller Mill Company, Inc. or I may terminate the employment relationship for any reason and at any time without notice.

Applicant's Signature _____ Date _____

Notice/Authorization

In connection with my Application for Employment, I understand that a consumer report may be requested and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience, and reasons for termination. Further, I understand that you may request information concerning workers' compensation claims, motor vehicle operations history, criminal and civil history from various private and public sources along with other public records available.

I hereby authorize and release from all liability, without reservation, T. R. Miller Mill Company, Inc. and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, company or person gathering or furnishing the above-mentioned information.

I further acknowledge that a telephone fax or photographic copy of this document will be deemed as valid as the original.

Applicant Name _____ Date _____
(Please print)

Applicant Signature _____

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish T. R. Miller Mill Company, Inc., and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to T. R. Miller Mill Company, Inc. and/or its agents. A photocopy of this authorization is as effective as the original.

Applicant Name _____ Date _____
(Please print)

Applicant Signature _____

EQUAL OPPORTUNITY INFORMATION

T. R. Miller Mill Company, Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state, and local laws. T. R. Miller Mill Company, Inc. complies with applicable state and local laws governing non-discrimination in employment. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

The Company requests that you provide the following information, which will not be used in evaluating your Application for Employment, or in the case of incumbent employees, your performance evaluation. This section is voluntary and will be kept confidential.

Handicapped? Yes No Gender? Male Female

Race? White Black Hispanic Asian Native American Other

Do you require any religious accommodation? Yes No

If yes, explain _____

PRE-OFFER INVITATION TO SELF IDENTIFY AS A PROTECTED VETERAN

T. R. Miller Mill Company, Inc. is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance in employment: 1) disabled veterans; 2) recently separated veterans; 3) active duty wartime or campaign badge veterans; and 4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U. S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U. S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U. S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U. S. military, ground, naval, or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a government contractor subject to VEVRAA, T. R. Miller Mill Company, Inc. requests this information in order to measure the effectiveness of the outreach and positive recruitment efforts which we undertake for our affirmative action plan and pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:

- I identify as one or more of the classifications of protected veteran listed above.
- I am not a protected veteran.
- I choose not to identify whether I am a protected veteran.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs or enforcing the Americans with Disabilities Act may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we ask you to tell us if you have a disability or if you ever had a disability. Completion of this form is voluntary, but we hope that you will choose to do so.

If you are applying for a job, any answer you give will be kept private and will not be used against you in any way. If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability).
- No, I do not have a disability.
- I do not wish to answer.

Your Name _____ Date _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of federal contractors, visit the U. S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no individual is required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about five (5) minutes to complete.