

APACHE MILLS, INC.

APPLICATION FOR EMPLOYMENT

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 AND SUBSEQUENT ADMENTMENTS PROHIBIT DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE OVER 40 YEARS OF AGE. ADDITIONALLY, THIS EMPLOYER DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY, RACE, COLOR, SEX, RELIGION OR NATIONAL ORIGIN.

THIS APPLICATION IS CURRENT FOR 90 DAYS ONLY AND MUST BE FILLED OUT COMPLETELY.

DATE _____

TYPE OF WORK DESIRED	SHIFT REQUIRED	STARTING SALARY REQUIREMENTS	DATE AVAILABLE
----------------------	----------------	------------------------------	----------------

PLEASE PRINT

NOTE: ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THE APPLICATION IS CAUSED FOR DISMISSAL

PERSONAL DATA	LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS				CITY AND STATE		ZIP CODE	
	ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, STATE YOU AGE				TELEPHONE NUMBER	
	IF UNDER AGE 18 YOU MUST PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK.							
	HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHERE				WHEN	
	FOR WHAT							
PREVIOUS EMPLOYMENT	HAVE YOU EVER BEEN WRITTEN UP OR VERBALLY COUNSELED ABOUT ANY SAFETY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	GIVE PAST EMPLOYMENT RECORD COMPLETELY STARTING WITH PRESENT OR LAST EMPLOYER; THEN EACH PREVIOUS EMPLOYER IN DATE ORDER, INCLUDE ANY CIVIL SERVICE AND REASON FOR LAPSES, IF ANY, USE ADDITIONAL SHEET IF NEEDED (ASK FOR PAPER IF NECESSARY)							
	EMPLOYER:		PHONE:		FROM:		TO:	
			()					
	ADDRESS:		CITY, STATE, ZIP CODE				POSITION:	
	DUTIES:		SUPERVISOR'S NAME:					
	NUMBER OF LOST WORKING DAYS: (if unsure, estimate)		STARTING SALARY WAGES:					
	REASON FOR LEAVING:		FINAL SALARY WAGES:					
	EMPLOYER:		PHONE:		FROM:		TO:	
			()					
	ADDRESS:		CITY, STATE, ZIP CODE				POSITION:	
	DUTIES:		SUPERVISOR'S NAME:					
	NUMBER OF LOST WORKING DAYS: (if unsure, estimate)		STARTING SALARY WAGES:					
	REASON FOR LEAVING:		FINAL SALARY WAGES:					
	EMPLOYER:		PHONE:		FROM:		TO:	
		()						
ADDRESS:		CITY, STATE, ZIP CODE				POSITION:		
DUTIES:		SUPERVISOR'S NAME:						
NUMBER OF LOST WORKING DAYS: (if unsure, estimate)		STARTING SALARY WAGES:						
REASON FOR LEAVING:		FINAL SALARY WAGES:						

In some instances, employers give only employment dates. Please be aware that this is not sufficient information to enable us to extend a conditional job offer to you. If it is necessary to request reference information in writing please indicate the amount of information you wish disclosed, and add your signature and date in the space provided to authorize the release of information from you previous employer. Your signature releases any previous employer from all liability in connection with the release of information.

I authorize _____ (please specify names of employers, or indicate "all" to provide: complete information about my employment history with them, or limited information, consisting only of hire date, and total number of workdays missed during each year of my employment.

Signature _____ Date _____

APACHE MILLS, INC.

REFERENCES	NAME OF SCHOOL	LOCATION	CIRCLE NUMBERS YEARS COMPLETED	YEAR LEFT	DEGREE/DIPLOMA AWARDED	
	ELEMENTARY		1 2 3 4 5 6 7 8			
	HIGH		9 10 11 12			
	COLLEGE		1 2 3 4 5 6			
	GRADUATE		1 2 3 4			
	TECH. MILITARY OR OTHERS					
TRAINING	TRAINING COURSES, SEMINARS, CORRESPONDENCE COURSES, TECH, NIGHT SCHOOL, MILITARY TRAINING, ETC.					
U.S.	BRANCH OF MILITARY SERVICE	DATE		RANK AND DUTIES	TYPE OF DISCHARGE	
		FROM	TO			
SPOUSE'S NAME		PLACE OF EMPLOYMENT				
IN CASE OF AN EMERGENCY, PLEASE CALL: NAME		RELATIONSHIP		PHONE		

I certify that all the foregoing statements are true and correct to the best of my knowledge and belief. I am willing to answer a medical questionnaire and to take a drug screen test if selected for employment that will be conditional upon the test result showing that I am drug free. Further, I authorize all persons, schools, companies, corporations, hospitals, physicians, credit bureaus and law enforcement agencies to supply any information concerning my personal or medical background and release them from any liability and responsibility arising from their so doing. I further understand that a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics, and mode of living, and that upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this and/or my employment with this employer is not in any way an employment contract and that my employment and compensation may be terminated with or without cause at any time by either the company or myself. I further understand that any policy items that may appear in any policy manuals of the company may at the discretion of the company be withdrawn, revised or replaced at any time. I understand that no company representative has the authority to enter into any employment agreement which is contrary to the foregoing.

Date _____ Signature _____

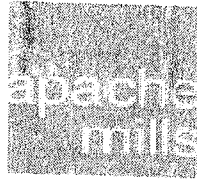
Have you worked at Apache before?
 _____ YES _____ NO

When did you work at Apache?

Do you have any relatives employed here?

_____ YES _____ NO

List names and where they work:



BACKGROUND CHECK
AUTHORIZATION AND RELEASE FORM

PLEASE PROVIDE YOUR DRIVER'S LICENSE AND COMPLETE ALL INFORMATION REQUESTED THANK YOU.

I _____ having applied for employment.

(PLEASE PRINT FULL LEGAL NAME)

do hereby authorize Apache Mills, Inc. to obtain any information regarding my credit, traffic information, include history of violations and status of Driver's License, education history and employment history including evaluations. Said information is to be release to Apache Mills, Inc., for dissemination to _____. I further release and hold harmless any employee of Apache Mills, Inc., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Dr.Lic# or ID# _____ State _____

Name as it appears on Driver's License _____

SSN# _____ Place of Birth _____

Other Names used since 2001: 1) _____ Dates: from _____ To _____

2) _____ Dates: from _____ To _____

How many consecutive years have you live in Georgia? _____

Please print addresses (including city/State/zip code/dates) for PAST 7 YEARS (If any additional space is needed, please use separate sheet.)

1. _____ Date: From _____ To _____

2. _____ Date: From _____ To _____

Date of active military service (if applicable or write N/A): From _____ To _____

The following is required for criminal record identification purposes only:

Date of Birth _____ Race _____ Sex _____

I hereby authorize Apache Mills, Inc. to receive any criminal history record information pertaining to me which may be in the file of any State or local criminal justice agency in Georgia or any other State. I understand that I will be charged the full amount of \$15.00 the cost of the background if I quit within the first 90 days of employment.

Signature of Applicant

Date