



Chemline Employment Application

An Equal Opportunity Employer

PERSONAL INFORMATION *(Incomplete information could disqualify you from further consideration).*

Date _____

Name _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? **Yes No**

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) **Yes No**

Have you ever been terminated from employment or asked to resign by an employer? **Yes No**

If yes, please provide company names and details

Can you work any shift? **Yes No**

Can you work overtime, including weekends? **Yes No**

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? **Yes No**

EMPLOYMENT DESIRED

Date you can start _____

Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? **Yes No**

If so may we inquire of your present employer? **Yes No**

REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Other _____

Have you ever worked for this company before? **Yes No** Explain _____

Do you know anyone who works for our company? **Yes No** If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	

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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain _____

Computer Skills (please describe): _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Chemline (the "Company") is an equal opportunity employer. Chemline does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either Chemline or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Chemline has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE