



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

EMAIL

PHONE NO.

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

Have you ever been convicted of a felony? YES _____ NO _____

Are you prevented from lawfully becoming employed in this country due to Visa or immigrant status? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

REFERRED BY:

EDUCATION	NAME & LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRADE SCHOOL				
HIGH SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAl STUDY OR RESEARCH WORK

SPECIAL SKILLS/CERTIFICATIONS

ACTIVITIES (CIVIC, ATHLETIC, ETC.) EXCLUDE ORGANIZATIONS WHICH NAMES INDICATE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

LAST

FIRST

MIDDLE

*The Age Discrimination Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 yrs. of age.

(CONTINUED ON OTHER SIDE)

PAST EMPLOYERS LIST LAST EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

REFERENCES GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO WHO WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

* I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment can be terminated, with or without cause and with or without notice, at any time, at either my or the company's options.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's President, and then only when in writing and signed by my President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that Polychem Corporation tests all new employees. I hereby consent to and agree to cooperate fully in the drug testing process. *

DATE _____

SIGNATURE _____