

APPLICATION FOR EMPLOYMENT

CHEM GRO OF HOUGHTON, INC.

P.O. Box 76

Houghton, IA 52631

Applicant Name _____
(print)

Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Name _____ Last _____ First _____ Middle _____ Social Security No. _____

Home Telephone () _____ Business Telephone () _____

E-mail address: _____

List your addresses of residency for the past 3 years.

Current Address	Street	City	Phone _____	How Long? _____ yr./mo.
	State	Zip Code		
Previous Addresses	Street	City	State & Zip Code	How Long? _____ yr./mo.
	Street	City	State & Zip Code	How Long? _____ yr./mo.

Do you have the legal right to work in the United States? Are you a citizen of the U.S. Yes _____ No _____
 Are 18 years of age Yes _____ No _____
 Can you furnish a work permit? Yes _____ No _____

Apart from absence for religious observance, are you available for full-time work? Yes _____ No _____

Will you work overtime if asked? Yes _____ No _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay \$ _____ per _____ Position _____

Reason for leaving _____

Are you now employed: _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected \$ _____ per _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? _____

If yes, explain if you wish.

_____**EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Graduate					
College					
Business/Trade/ Technical					
High School					

EMPLOYMENT HISTORY

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
			SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
			SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
			SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
ADDRESS			YR. YR.	
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON			PHONE NUMBER	
			SALARY/WAGE	
			REASON FOR LEAVING	

MILITARYDid you serve in the U.S. Armed Forces? Yes No If "Yes", in what Branch? _____

Describe any training received relevant to the position for which you are applying. _____

TO BE READ AND SIGNED BY APPLICANT

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement and certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE_____
DATE