

APPLIED CHEMICAL TECHNOLOGY, INC.
Employment Application

4350 Helton Drive
Florence, AL 35630
P (256) 760-9600
F (256) 760-9638
hr@appliedchemical.com



| APPLICANT INFORMATION | | | | | | | | | |
|---|--|------------------------------|-----------------------------|---|------------------|----------------|------------------------------|-----------------------------|--|
| Last Name | | | First | | | M.I. | | Date | |
| Street Address | | | | | Apartment/Unit # | | | | |
| City | | | State | | | ZIP | | | |
| Phone | | | E-mail Address | | | | | | |
| Date Available | | Type of employment | | Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/> | | | | | |
| Position Applied for | | | | | | Desired Salary | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever worked for ACT? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | |
| Do you have friends or relatives working for ACT? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, who? | | | | | |
| How were you referred to ACT? | | | | | | | | | |

| EDUCATION | | | | | | | | | |
|-------------|--|----|---------|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| College | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |
| Other | | | Address | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | |

| REFERENCES | | | | | | | | | |
|---|--|--|--|--------------|--|--|--|--|--|
| <i>Please list three professional references.</i> | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |
| Full Name | | | | Relationship | | | | | |
| Company | | | | Phone | | | | | |
| Address | | | | | | | | | |

| PREVIOUS EMPLOYMENT | | | |
|---|--------------|--------------------|---------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Pay | \$ | Ending Pay \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Pay | \$ | Ending Pay \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Pay | \$ | Ending Pay \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize ACT to investigate all statements contained in this application, and I authorize any person or organization listed on this application to furnish requested information to ACT. If I become an ACT employee, my employment is "at will" and can be terminated by ACT or me at any time, for any reason, or for no reason.</p> | |
| Signature | Date |
| <input type="checkbox"/> Entering my full name above and checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Disclaimer | |

This application will be valid for ninety (90) days from the date it was signed.

ACT is an Equal Opportunity Employer. Selected candidates must pass a drug screening, a physical exam, and a background check as a condition of employment