

**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				
Number of Years Attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address				
Number of Years Attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address				
Number of Years Attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

<b>PREVIOUS EMPLOYMENT</b>									
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"/>			
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"/>			
<b>MILITARY SERVICE</b>									
Branch				From		To			
Rank at Discharge				Type of Discharge					
If other than honorable, explain									
<b>DISCLAIMER AND SIGNATURE</b>									
<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