

Education

| | High School | | | | Undergraduate College/University | | | | Graduate/Professional | | | |
|--|-------------|----|----|----|-------------------------------------|---|---|---|-----------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | |
| Years Completed | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree | | | | | | | | | | | | |
| Describe course of study | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. | | | | | | | | | | | | |
| Describe any honors you have received. | | | | | | | | | | | | |
| State any additional information you feel may be helpful in considering your application. | | | | | | | | | | | | |

| | | |
|--------------------------------------|---|------------------------------------|
| M I L I T A R Y | COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES | Branch of Service |
| | Describe your duties and any special training. | Period of Active Duty (Month/Year) |
| | | From To |
| | | Rank at Discharge |
| | | Date of Final Discharge |

| |
|---|
| Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe. |
| List names of relatives and friends working for us other than your spouse. |
| Have you received Workmen's Compensation or Disability Income Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe. |
| Have you any physical limitations which preclude you from performing the essential functions of the job you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe. |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| | | |
|----------|--|---|
| 1 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Leave |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 2 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Leave |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 3 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Leave |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 4 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Leave |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 5 | Company Name | Telephone () |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Leave |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | |
|--|--------------------------|
| <p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p> | DO NOT CONTACT |
| | Employer Number(s) _____ |
| | Reason _____ |

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.

You understand that the company will make a thorough investigation of your entire work and personal history and may verify all data given in the application for employment, related papers, or oral interviews. You authorize such investigation and the giving and receiving of any information requested by the company and you release from liability any person giving or receiving any such information. You understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent you from being hired, or if hired, may subject you to immediate dismissal. Falsification of information during the interview or on the application may result in disqualification of Workman's Compensation benefits.

You agree that your employment may be terminated by Industrial Chemicals at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by management at any time, you agree to submit to a search of your person or of any locker that may be assigned to you, and you hereby waive all claims for damages on account of such examination.

You authorize any physician, clinic or hospital to release any information which may be necessary to determine your ability to perform or continue to perform the essential functions of the position for which you were hired, with or without reasonable accommodations for the job you are being considered for prior to employment or in the future, during your employment with the company. You agree to submit to drug testing and medical examination to determine the use of illegal drugs and the abuse of legal drugs and alcohol. Such tests shall be prior to hiring, as continuing employment conditions and as a part of any required examination, after a company vehicle or on-the-job accident and whenever a supervisor has cause to believe an employee is under the influence of drugs or alcohol for the purpose of preventing alcohol or drug-influenced employees from endangering their own safety, the safety of other employees, the customer or the general public. Positive test results from post-accident testing will disqualify the employee from Workman's Compensation benefits.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. You understand and accept these as conditions of your potential or continuing employment.

You also understand that employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. 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 employer.

Signature of Applicant

Date

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. **THE COMPLETION OF THIS DATA RECORD IS OPTIONAL.** If you choose to volunteer this information please note that all Data Records are kept in a Confidential File. **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

| | |
|--|---|
| | Current Job |
| | Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Check One: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian |
| | Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual |
| | Birthdate: |

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION IN ORDER FOR IT TO BE PROCESSED!!

Disclosure and Release

In connection with my application for employment (including contract for services) with Industrial Chemicals Inc., I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security #

Signature

Date



Georgia Criminal Records

To obtain a criminal record from the state of Georgia, please follow the steps listed below in order.

1. A Release Form must be *signed and dated*. If a change or correction is necessary, a new consent form must be completed. Changes, strikethroughs, or whiteout are not permissible.
2. Key in requests for criminal record searches on the computer.
3. *Fax* completed release form to Criminal Records Department at 800-887-8994.
4. Receive criminal reports on the computer at the specified turnaround time (see Turnaround Schedule).
5. The signature date must not be more than 90 days before submission date.

