AMREX
CHEMICAL CO., INC.

117 E. FREDERICK STREET P.O. BOX 642
BINGHAMTON, N.Y. 13902
PHONE: (607) 722-8784 FAX: (607) 772-8786
www.amrexchemical.com

Application For Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the organization.
This application must be completed and signed personally by the applicant

Applicant Name:_____ **Date:**_____

Address: _____ _____ _____ _____ **How long at this address:**_____
Street Address **City** **State** **Zip**

Telephone No: _____ **Social Security No:** _____

Position Applied For: _____ **Driver's License Number (if driving is essential):**_____

How did you learn about us? ☐ **Advertisement** ☐ **Employment Agency** ☐ **Friend/Relative** ☐ **Walk-in** ☐ **Other**
Previous Addresses: Please include previous temporary & permanent addresses covering the last 10 years (use extra sheet if necessary)

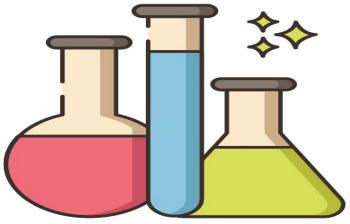
Street Address: _____ **City:** _____ **State:** _____ **County:** _____

Street Address: _____ **City:** _____ **State:** _____ **County:** _____

Street Address: _____ **City:** _____ **State:** _____ **County:** _____

Type of Employment Desired: ☐ **Full-time** ☐ **Part-time** ☐ **Temporary**

Date You Are Available To Start Work: _____



Are you employed now?	**Yes**	**No**
If currently employed, may we contact your present employer?	**Yes**	**No**
Can you travel if required by this position?	**Yes**	**No**
Are you able to meet the attendance requirements?	**Yes**	**No**
Do you have any objection to working overtime if necessary?	**Yes**	**No**
Have you ever filed an application with us before?	**Yes**	**No**
Have you ever been previously employed by our organization?	**Yes**	**No**
Can you submit proof of legal employment authorization & identity?	**Yes**	**No**
If you are under 18, can you furnish a work permit if it is required?	**Yes**	**No**
Have you ever been convicted of and/or plead guilty to a crime?	**Yes**	**No**

***If yes, please provide us, on the attached sheet of paper, with the specific nature and details of the crime(s), date(s), court location, sentencing information and disposition of sentence.**
(Please note: a conviction record will not necessarily be a bar to employment)

EMPLOYMENT HISTORY

Please provide all employment information for your past three employers starting with the <u>most recent.</u> Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet)

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from: _____ to: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from: _____ to: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from: _____ to: _____

Job Summary: _____

Reason for leaving: _____

_____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

<u>Educational History:</u> List school name and location, years completed, course of study, and any degrees earned:

<u>High school:</u> _____ **Address:** _____

Years Completed: _____ **Course of Study:** _____**Degrees Earned:**_____

<u>College:</u> _____ **Address:** _____

Years Completed: _____ **Course of Study:** _____**Degrees Earned:**_____

<u>Technical Training:</u> _____ **Address:** _____

Years Completed: _____ **Course of Study:** _____**Degrees Earned:**_____

<u>Other (Including Military Service):</u> _____ **Address:**_____

Years Completed: _____ **Course of Study:** _____**Degrees Earned:**_____

<u>References:</u> List name and telephone numbers of 3 business/work references <u>who are not related to you and are not previous supervisors.</u> If not applicable, list 3 school or personal references <u>who are not related to you.</u>

Name: _____ **Telephone No:** _____

Name: _____ **Telephone No:** _____

Name: _____ **Telephone No:** _____

ADDENDUM TO EMPLOYMENT APPLICATION

Additional information regarding question on Conviction Record.
If you answered Yes, and have been convicted of a crime in the past, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.

Applicant's Signature: _____ Date: _____

(Please note: A conviction record will not be necessarily be a bar to employment. Factors such as seriousness and nature of the violation and rehabilitation will be taken into account.)

AMREX
CHEMICAL CO., INC.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation, falsification or omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: _____

Date: _____