

Warehouse Application for Employment

Amrex Chemical Company Inc.

117 E. Frederick Street

PO Box 642

PHONE (607) 772-8784

Binghamton, NY 13902

FAX (607) 772-8786

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 to the application and/or interview process should notify a representative of the organization.

Please Type or Print Clearly - This application must be completed and signed personally by the applicant

Position(s) Applied For: _____ Rate of pay expected? _____

How Did You Learn About Us? Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Applicant Name: _____ Social Security Number: _____

Address: _____
Street City State Zip Code

Telephone No: _____ How long at this address: _____

Previous Addresses:

Please include previous temporary & permanent addresses covering the last ten years (use extra sheet if necessary)

Table with 6 columns: Street Address, City, State, County, Dates: From, To. Three rows for previous addresses.

Type of Employment Desired: Full Time _____ Part-Time _____ Temporary _____

Date you will be able to start work? _____

- Are you employed now? _____ Yes _____ No
If currently employed, may we contact your present employer? _____ Yes _____ No
If not currently employed, how long since leaving last employer? _____
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 and identity? _____ 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)

Driver's License Number (if driving is an essential job duty) _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet)

Other Skills and Qualifications

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

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

Address: _____

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

College: _____

Address: _____

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

Technical Training: _____

Address: _____

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

Other (Including Military Service): _____

Address: _____

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

References

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

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 persons 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 signature: _____ Date: _____

For Personnel Department Use Only - Do Not Write Below This Line

Notes:



Chemistry Improves The Quality Of Life

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Binghamton, NY 13902
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Fax: 607-772-8786

No job offer will be made until the following pre-employment procedures are completed with satisfactory results that meet our hiring criteria.

Including but not limited to:

Reference checks for past employment history and personal references.
Educational history
Military service
Pre-employment medical exams, including drug screen
Criminal background check

Applicants Name (print)

Applicants Signature

Date of Application

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 Signature: _____ Date: _____

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

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

Amrex Chemical Co. is committed to a drug-free workplace. Therefore, Amrex Chemical Co. has instituted under company policy a controlled substance testing program for all of its warehouse employees due to the safety sensitive nature of this job.

Prior to the first time a warehouse applicant performs safety-sensitive functions for Amrex Chemical Co., the applicant shall undergo testing for controlled substances. Any job offer to an applicant is conditioned on a verified negative test result.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from performing safety sensitive duties for Amrex Chemical Co.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to Amrex Chemical Co.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (type or print)

Applicant's Signature

Month Day Year

Amrex Representative Signature

Month Day Year