

<b>Name:</b> _____
<b>Branch:</b> _____
<b>Date:</b> _____

# *Application for Employment*

This is to inform all prospective candidates for employment that Advanced Chemical Service Inc., herein after referred to as ACS, does test all prospective employees and may do background/credit investigations. An application will not be considered valid unless it is completely filled out. No applicant will be offered for employment until all the required skill's testing and forms are completed.

## *Informed Consent Form*

ACS thanks all interested candidates for their interest in joining our team. We would like to inform all interested parties of the following:

We do not always hire everyone who applies.

We may not interview you right away.

We do not always make hiring decisions instantly.

We do not discuss our hiring decisions with applicants.

We will call you if we have an opportunity for you.

We are an Equal Opportunity Employer.

I have read, understand and agree to cooperate with these policies. I also understand that the information I provide about myself on application forms, on surveys, tests and during interviews will be used in making the hiring decisions, and I consent to it being used for this purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**  
 - Must be completed even if attaching personal resume -  
**This application becomes void after 90 days if not renewed.**

**Equal Opportunity Employer**

Position \_\_\_\_\_

**PERSONAL INFORMATION (PLEASE PRINT)**

Last Name	First Name	Middle Initial	Today's Date	
Present Address - No. and Street	City	State	Zip Code	Years lived there
Previous Address (if different from above)				Years lived there
Social Security Number	Home Phone		Message Phone	

**ADDITIONAL INFORMATION**

If you have ever worked under or earned degrees under another name, please list below (i.e. maiden name):

Last Name	First Name	Middle Name	Time Period
In case of an emergency, please notify: _____		Have you ever worked at ACS? <input type="checkbox"/> Yes <input type="checkbox"/> No	After employment, can you provide proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone Number: (____) _____	If yes, please provide dates: _____		
Work Phone Number: (____) _____	Are you 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship _____			
Do you have a valid driver's license?: <input type="checkbox"/> Yes <input type="checkbox"/> No		License # _____	Do you qualify for a Commercial Drivers License?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cited for a traffic violation of any kind in the last five years?: <input type="checkbox"/> Yes <input type="checkbox"/> No Details/Dates _____			

**POSITION DESIRED**

Position(s) Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Annually     Monthly  
 Weekly     Hourly    Date Available: \_\_\_\_\_

Type of Employment:     Full-time     Part-time

Do you have any relatives employed at ACS?  
 If yes, please give name(s): \_\_\_\_\_

Do you have any commitments to another employer or organization which might affect your employment with us?     Yes     No  
 If yes, please explain: \_\_\_\_\_

Do you know of any reason that may prevent you from performing the essential functions of the position for which you are applying, with or without reasonable accommodations?:     Yes  
 No

Please Explain if Yes: \_\_\_\_\_

What prompted your application to ACS?  
 Advertisement (Identify source below)     Walk-in     Employment Referral (name below)     Agency (name below)     Other (specify below)

**EDUCATION AND TRAINING**

Indicate last level of education completed:    High School 1 2 3 4    College or University: 1 2 3 4    Graduate School: 1 2 3 4

Education	Name/Location	GPA	Did you graduate?	Major/Minor	Degree Earned
High School					
College/University					
Graduate School					
Business or Vocational School					

**Military History**

Branch of Service: \_\_\_\_\_ Served from \_\_\_\_\_ to \_\_\_\_\_ Status:  Active     Inactive

**Other**

List any relevant training or skills: \_\_\_\_\_

**SALARY AND EMPLOYER INFORMATION (NOTE: MUST BE COMPLETED EVEN IF ATTACHING PERSONAL RESUME)**

PLEASE LIST IN ORDER WITH MOST RECENT EMPLOYER FIRST

Started: Mo/Yr _____ Left: Mo/Yr _____ Starting Salary: \$ _____ Leaving Salary: \$ _____ How long were you at your last salary? _____	Employer: _____ Type of business: _____ Address: _____ Supervisor's Name: _____ Phone: _____ Ext. _____ Position/Title: _____ Duties: _____ Reason(s) for leaving: _____
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May we contact this employer?  Yes  No If no, please explain: \_\_\_\_\_

Started: Mo/Yr _____ Left: Mo/Yr _____ Starting Salary: \$ _____ Leaving Salary: \$ _____ How long were you at your last salary? _____	Employer: _____ Type of business: _____ Address: _____ Supervisor's Name: _____ Phone: _____ Ext. _____ Position/Title: _____ Duties: _____ Reason(s) for leaving: _____
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May we contact this employer?  Yes  No If no, please explain: \_\_\_\_\_

Started: Mo/Yr _____ Left: Mo/Yr _____ Starting Salary: \$ _____ Leaving Salary: \$ _____ How long were you at your last salary? _____	Employer: _____ Type of business: _____ Address: _____ Supervisor's Name: _____ Phone: _____ Ext. _____ Position/Title: _____ Duties: _____ Reason(s) for leaving: _____
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Started: Mo/Yr _____ Left: Mo/Yr _____ Starting Salary: \$ _____ Leaving Salary: \$ _____ How long were you at your last salary? _____	Employer: _____ Type of business: _____ Address: _____ Supervisor's Name: _____ Phone: _____ Ext. _____ Position/Title: _____ Duties: _____ Reason(s) for leaving: _____
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May we contact this employer?  Yes  No If no, please explain: \_\_\_\_\_

**PROFESSIONAL REFERENCES (PLEASE LIST ONLY PERSONS WE MAY CONTACT AT THIS TIME) Other References may be requested**

Name	Title	Professional Relationship	Phone Number and Extension
1.			
2.			
3.			

1. Have you ever been convicted of, or pled guilty to a felony (*check choice*)?

Yes  No

*If yes, describe in full:* \_\_\_\_\_

\_\_\_\_\_  
*(A criminal conviction or guilty plea will not necessarily disqualify you from employment. But failure to disclose a conviction or guilty plea, with accurate details, will.)*

**2. Applicant's Affidavit**

- a) I hereby declare that my statements on my Application for Employment, on this Rider to my Application for Employment, on my resume, and on any other documents provided by me to ACS are true and correct. I acknowledge and agree that providing any false information or omitting any information may result in termination of my employment. I also authorize investigation of these statements. This investigation may include, among other things, employment history, reasons for leaving previous employers, criminal/civil records, credit checks and degree verification. For positions requiring automobile transportation (i.e. sales, service technician, office support, shipping, stores, etc.) a background check of my driving record may be performed as well.
- b) In exchange for ACS's agreement to receive, process, and consider my application for employment, I release ACS, its employees and agents and all persons, schools, and organizations contacted by ACS from liability for any damages arising out of ACS's verification of the information provided by me in connection with my application for Employment and/or its determination of my job-related qualifications.
- c) I understand that ACS has a zero tolerance policy regarding the possession or use of illegal drugs or alcohol while on the job or on company premises. I also understand and agree that any offer of employment will be conditioned upon my passing a drug screen confirming that I do not currently use illegal drugs. I understand that any conditional offer of employment will be revoked if I test positive for the use of illegal drugs. I also understand and agree that if ACS employs me, ACS may request that I undergo further drug and/or alcohol testing. I understand and agree that if I refuse to take any tests requested of me, ACS has the rights to revoke an offer of employment or terminate my employment.
- d) I understand that ACS, as part of a condition of employment will require me to submit to a medical exam in order to be compliant with DOT regulations to the extent that this is permitted by the law.
- e) **I understand and agree that, if I am employed, my employment will be "At Will" meaning for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason, with or without cause. Only the company President can offer employment on any other terms, and he or she can do so only in an individualized writing addressed to me and signed by him or her.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**