



The Chilcote Company
and Subsidiaries

NOTICE TO ALL APPLICANTS

All applicants who are considered for employment by The Chilcote Company and its subsidiaries will be required to take a physical examination, which includes a drug/alcohol-screening test.

The Company will not employ applicants who refuse to take the exam, or who fail to pass such exam and the drug/alcohol test.

APPLICATION FOR EMPLOYMENT

The Chilcote Company and its subsidiaries seek to employ the best-qualified individuals for all positions and provide equal opportunity for advancement to all of its employees. Therefore, the Company does not discriminate against any person because of age, race, color, religion, national origin, gender identity, veteran status, marital status, disability, sexual orientation, or on any other basis, which would be in violation of any applicable federal, state, or local regulation.

Date _____

(Please PRINT using black or blue ink)

NAME (Last) (First) (MI)			SOCIAL SECURITY NUMBER
ADDRESS (NO.) (Street) (Apt./Unit No.)			TELEPHONE NUMBER
(City/Town) (State) (Zip code)			
POSITION DESIRED	DATE YOU CAN START	PLEASE INDICATE DESIRED TYPE OF EMPLOYMENT Full time _____ Part time _____ Temporary _____ First Shift _____ Second Shift _____ Third Shift _____	

PLEASE ANSWER THESE QUESTIONS	YES	NO	IF "YES" INDICATE DETAILS
Are you under 18 years of age?			
Have you ever applied to or been employed by The Chilcote Company or any of its subsidiaries?			DATE(S) SUPERVISOR(S) NAME
Are you a Citizen of the United States of America?			
If not, are you authorized to work in the United States?			AUTHORIZATION NUMBER:
Do you have any friends or relatives who currently work for The Chilcote Company or any of its subsidiaries?			PLEASE EXPLAIN
Have you been convicted of a felony in the last 5 years?			PLEASE EXPLAIN

EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16					
	Name and location of school	Graduated		If No, number of years attended:	Degree and/or course work
		Yes	No		
HIGH SCHOOL					
TRADE/ BUSINESS SCHOOL					
COLLEGE					

EMPLOYMENT HISTORY

(Begin with your present or most recent employer)

COMPANY NAME:	Tel. #	DATES (Mo. / Yr.) From: To:	POSITION/TITLE:
Address:		Starting Rate of Pay:	Reason for Leaving: (Be Specific)
Supervisor's Name and Title:		Ending Rate of Pay:	
Responsibilities:			
COMPANY NAME:	Tel. #	DATES (Mo. / Yr.) From: To:	POSITION/TITLE:
Address:		Starting Rate of Pay:	Reason for Leaving: (Be Specific)
Supervisor's Name and Title:		Ending Rate of Pay:	
Responsibilities:			
COMPANY NAME:	Tel. #	DATES (Mo. / Yr.) From: To:	POSITION/TITLE:
Address:		Starting Rate of Pay:	Reason for Leaving: (Be Specific)
Supervisor's Name and Title:		Ending Rate of Pay:	
Responsibilities:			

May we contact any and/or all of the above employers? Yes _____ No _____ (If not, which one(s) _____)

Please list any additional skills, training, license(s) etc... that you think would be helpful to you during your employment here:

APPLICANT'S CERTIFICATION AND ACKNOWLEDGEMENT

ALL APPLICANTS – Please read the following before signing.

I certify that any and all statements in this application are true to the best of my knowledge. I understand that false and/or misleading information given in either my application or interview(s) may result in refusal of employment or if found subsequent to employment may lead to immediate dismissal. I understand that employment with The Chilcote Company and its subsidiaries is considered to be at-will; therefore my employment may be terminated, either by myself or the Company for any lawful reason or no reason at all, with or without notice.

To assist in the evaluation of my employment qualifications, I hereby authorize The Chilcote Company and its subsidiaries, hereinafter referred to as THE COMPANY and their investigative representative, to request and receive any information concerning me, including but not limited to, reports from any persons, schools, companies, corporations, partnerships, associations, credit bureaus, law enforcement agencies, licensing agencies, current or previous employers faxed or mailed.

I authorize any of the above parties to furnish THE COMPANY and/or their investigative representative, with any and all information concerning me, including but not limited to credit reports. I further agree to release THE COMPANY and their investigative representative, from any and all liability and responsibility arising out of the release of any such information or credit reports.

APPLICANT'S SIGNATURE: _____

DATE: _____