

# 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?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____
Applicant Name: _____		Social Security Number: _____	
Address: _____			
Street	City	State	Zip Code
Telephone No: _____		How long at this address: _____	
<b>Previous Addresses:</b>			
Please include previous <b>temporary &amp; permanent</b> addresses covering the <b>last ten years</b> (use extra sheet if necessary)			
Street Address	City	State	Dates: From To
Street Address	City	State	Dates: From To
Street Address	City	State	Dates: From To
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. <i>(Please note: a conviction record will not necessarily be a bar to employment)</i>			
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:

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### 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.

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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

117 E. Frederick Street  
PO Box 642  
Binghamton, NY 13902  
Phone: 607-772-8784  
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

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Applicants Name (print)

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Applicants Signature

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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