

SASCO CHEMICAL GROUP, INC.

P.O. BOX 45 – ALBANY, GEORGIA 31702-0045 – (229) 435-8394 – FAX (229) 436-6546

APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:	Date of Application:
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How Did You Learn About Us?

Advertisement Friend Walk-In
Employment Agency Relative Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

If necessary, best time to call you _____ and number where you can be reached _____.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on layoff status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Will you work overtime if required? Yes No

If required by the employer, will you undergo a pre-employment physical? Yes No

Vietnam Era Veteran? Yes No

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box Yes No

Have you ever been bonded? Yes No

Have you been convicted of a crime within the last 7 years? Yes No

Are you currently under indictment? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

If the position you are applying for requires driving a motor vehicle, Please answer the following questions:

1. Do you have a valid driver's license? YES NO
(If YES: Driver's License Number) _____ Date of Issue: _____
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? YES NO
3. Have you had your driver's license suspended or revoked, or had your driving privileges modified by a court of law?
 YES NO
4. Please list all states from which you hold or have held a driver's license:
_____.
5. Drivers License Class _____.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				
Other (Specify)				

Skills/Equipment Operated – Circle Appropriately (Write in any other equipment)			
Fax Machine	pH Meter	Hand Truck	
Copier	Solids Analyzer	Industrial/Lab Mixer	
Computer	Scale	Drum Pump	
Email	Viscometer	Calculator	

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				
Other (Specify)				

The Following Questions Pertain to Warehouse Applicants ONLY.

Can you operate a Forklift? YES NO

If yes, how many years experience do you have? _____

Have you undergone any Forklift training at a previous job? YES NO

If yes, can you provide a copy of your current Certificate of Completion for the training?
 YES NO

Do you have any other special warehouse skills or equipment experience that may better qualify you for this position?

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
Reason for Leaving				

May we contact past employers for references?

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Would you have difficulty in keeping employer information confidential? _____

Explain _____

How long have you lived at present address? _____

Previous Address _____

No. Street City State Zip

Do you have any physical or mental impairment which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it and what accommodations for you would be required? _____

Have you received compensation for injuries? _____ If yes, describe _____

List any friends or relatives working for us, other than spouse _____

Do you know of any other reason why you would not be able to perform the applied work? List below. _____

Have you had a name change that would affect verification of previous employment? _____ If so, explain.

Do you anticipate any potential for conflict of interest in working at SASCO Chemical Group Inc.?

REFERENCES

1.

Name () Phone #

2. Address

Name () Phone #

Address

3.

Name () Phone #

Address

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____

NOTES: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

This application will remain active for 180 days.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Voluntary Affirmative Action Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date: _____

Position(s) Applied For _____

Applicant's Name _____

Address _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP:

Hispanic Black White American Indian / Alaskan Native Asian / Pacific Islander

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION