

Are you currently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

If you prefer we not contact your present employer, please check here and briefly explain: _____

On what date are you available for work? _____

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

Yes No NOTE: Proof of authorization to work in the U.S. will be required upon employment.

Have you been convicted of a felony within the last seven (7) years? Yes No

If YES, please explain: _____

Have you ever served in the military? Yes, give branch: _____ No

If YES, please give job title: _____

RECORD OF EDUCATION

School Name	City and State	Course of Study (Major/Minor)	Degree Sought	Years Completed	Did you Graduate?
High School		N/A	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No, see below
Technical/Trade					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please specify)					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you do not have a high school diploma, did you obtain a GED? Yes No

If YES, please indicate where and when: _____

EMPLOYMENT HISTORY

List present and past employment below, beginning with the most recent. Include any military service assignments.

Company Name	From Mo./Yr.	To Mo./Yr.	Starting Hrly/ Annual Wage	Ending Hrly/ Annual Wage	Reason for Leaving
Street Address					
City, State	<i>Describe the work you did. A resume may be attached for more detail.</i>				
Telephone					
Supervisor					
Company Name	From Mo./Yr.	To Mo./Yr.	Starting Hrly/ Annual Wage	Ending Hrly/ Annual Wage	Reason for Leaving
Street Address					
City, State	<i>Describe the work you did:</i>				
Telephone					
Supervisor					
Company Name	From Mo./Yr.	To Mo./Yr.	Starting Hrly/ Annual Wage	Ending Hrly/ Annual Wage	Reason for Leaving
Street Address					
City, State	<i>Describe the work you did:</i>				
Telephone					
Supervisor					

REFERENCES

Include **ONLY** Supervisors or Co-Workers who are willing to speak as a reference for your qualifications.

No Personal Friends or Family Members

Name	Supervisor / Co-Worker	Work & Home Phone

OTHER QUALIFICATIONS/TRAINING

Summarize special job-related skills, training and other qualifications from employment or other experiences.

IMPORTANT INFORMATION

Jost Chemical Co. requires applicants to pass a pre-employment drug test and subsequent monthly random drug tests as a condition of employment.

The facts set forth in my application for employment are true and complete. I understand that any false statement on this application may result in denial of employment or termination of employment. I further understand that this application is not intended to create and does not create a contract of employment. I understand and agree that my employment is at will and can be terminated by either party with or without notice at any time for any reason. Only the President of Jost Chemical Co. has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the President.

I authorize Jost Chemical Co. or its agent to investigate all references and statements made within this application and to secure additional information about me, if job related. I hereby release from liability Jost Chemical Co. and its representatives for their acts in evaluating my application, credentials, and qualifications. I further authorize any party (including the employers, organizations, and individuals listed in this application form) to release any information they have about me to Jost Chemical Co., including my entire personnel file (s) with prior employers. I also release all companies, schools, organizations, and individuals that provide such information to Jost Chemical Co. or its agents from any liability for giving this information.

Signature of Applicant

Date