

General Information

Name _____					
Last	First	Middle	Former Names Used		
Present Address: _____					
No.	Street	City	State	Zip	
Permanent Address: _____					
No.	Street	City	State	Zip	
Home Telephone () _____		Business Telephone () _____			
Driver's License No. _____		State Issued _____			

Employment Desired

Position applying for _____	
Are you applying for:	
Regular full-time work?	YES / NO
Regular part-time work?	YES / NO
Temporary work, i.e. summer or holiday work?	YES / NO
What days and hours are you available for work? _____	
If applying for temporary work, during what period of time will you be available? _____	
Are you available for work on weekends? YES / NO	
Would you be available to work overtime, if necessary? YES / NO	
If hired, on what date can you start work? _____	
Salary/Wages Desired (optional): _____	

Personal Information

Have you ever applied to or worked for Spectrum before? YES / NO	
If yes, when? _____	
Do you have any friends or relatives working for Spectrum? YES / NO	
If yes, please state name and relationship _____	
Why are you applying for work at Spectrum? _____	

Are you currently employed? YES / NO	
If so, may we contact your current employer?..... YES / NO	
If hired, would you have a reliable means of transportation to and from work?..... YES / NO	
Are you at least 18 years old?..... YES / NO	
(If under 18, hire is subject to verification that you are of minimum legal age and possess a valid work permit if applicable.)	
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? YES / NO	

Personal Information Continued

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....YES / NO

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and applicable state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education

School	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School			YES / NO	
College/University			YES / NO	
Vocational/Business			YES / NO	
Other			YES / NO	

Training

Some of our clients or their employees do not speak English. Do you speak, write, or understand any foreign languages?.....YES / NO

If yes, which languages? _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Spectrum? If so, please explain _____

Are you licensed/certified or have any professional accreditations relating to the job applied for?YES / NO

Name of license/certification _____

Issuing State _____

License/certification number _____

Has your license/certification ever been revoked or suspended?.....YES / NO

If yes, state reason(s), date of revocation or suspension, and date of reinstatement _____

Employment History - You must complete this section even if attaching a resume

Please list below all present and past employment starting with your most recent position (last 5 years is sufficient). Account for all periods of unemployment. Include Military experience.

Current Employer	May we contact themYES / NO	Phone ()	Employed From	Employed Until
Name	Type of Business		mo. year	mo. year
Address		Starting Job Title	Ending Job Title	
No. Street				
City	State Zip	Reason for leaving	Supervisor (Name and Title)	
Describe what you did				

Previous Employer		May we contact themYES / NO	Phone ()	Employed From mo. year	Employed Until mo. year
Name Type of Business					
Address No. Street		Starting Job Title		Ending Job Title	
City State Zip		Reason for leaving		Supervisor (Name and Title)	
Describe what you did					

Previous Employer		May we contact themYES / NO	Phone ()	Employed From mo. year	Employed Until mo. year
Name Type of Business					
Address No. Street		Starting Job Title		Ending Job Title	
City State Zip		Reason for leaving		Supervisor (Name and Title)	
Describe what you did					

Previous Employer		May we contact themYES / NO	Phone ()	Employed From mo. year	Employed Until mo. year
Name Type of Business					
Address No. Street		Starting Job Title		Ending Job Title	
City State Zip		Reason for leaving		Supervisor (Name and Title)	
Describe what you did					

Previous Employer		May we contact themYES / NO	Phone ()	Employed From mo. year	Employed Until mo. year
Name Type of Business					
Address No. Street		Starting Job Title		Ending Job Title	
City State Zip		Reason for leaving		Supervisor (Name and Title)	
Describe what you did					

REFERENCES – Include at least one supervisor and do not include friends or relatives

List at least 3 people we may contact who are qualified to evaluate your work performance and/or capabilities within the past 3 years.

Name	Address	Phone	Relationship	No. years acquainted
	No. Street City State Zip	()		
	No. Street City State Zip	()		

	No. Street	()		
	City State Zip			

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Spectrum Chemical Mfg. Corp. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, continued employment, or promotion including but not limited to relevant medical & drug testing, criminal background check, social security number verification, motor vehicle record, and credit report (additional release forms may be necessary). I further authorize the references I have listed to disclose to Spectrum Chemical Mfg. Corp. any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Spectrum Chemical Mfg. Corp., my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview, is intended to create a promise to hire or an employment contract between Spectrum Chemical Mfg. Corp. and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Spectrum Chemical Mfg. Corp., and that no promises or representations contrary to the foregoing are binding on Spectrum Chemical Mfg. Corp. unless made in writing and signed by me and Spectrum Chemical Mfg. Corp. designated representative. My continued employment is dependent upon satisfactory performance and the continued need for my services as determined by Spectrum Chemical Mfg. Corp.

Date _____

Applicant's Signature _____

ACTION TAKEN:	Not qualified for any position _____	No position currently available _____	Interview date _____
	Other _____		

Equal Employment Opportunity Data

Employee _____

Effective Date of Action _____

To be completed by employee:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your employment. We are required by law to collect this information for equal opportunity employment purposes, but it will not become part of your personnel record.

Name _____:

Sex: ☐ Male ☐ Female

Ethnicity: ☐ Hispanic
☐ Latino

Race: ☐ American Indian/Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Two or More Races

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran
- ☐ Individual with a Disability

To be completed by employer:

EEO-1 Category: ☐ 1. Officials and managers – Executive/ Sr. Level ☐ 6. Office and clerical
☐ 1. Officials and managers – First Level/Mid ☐ 7. Crafts - skilled
☐ 3. Professionals ☐ 8. Operatives - semi-skilled
☐ 4. Technicians ☐ 9. Laborers - unskilled
☐ 5. Sales ☐ 10. Service workers