

7599 FISHEL DRIVE NORTH
DUBLIN, OH 43016



PHONE (614) 792-2683
FAX (614) 792-0688

FOR OFFICE USE ONLY
POSITION:

- 1. _____ TO DRIVE
- 2. _____ B.W.C. CLAIMS

PLEASE make sure that a COLOR copy has been made of the following & attached to this application:
1. OHIO Driver License **OR** Picture I.D. Card **AND** 2. Social Security Card **OR** Birth Certificate

CHEMCOTE General Application For Employment

(For any position other than a CDL Driver)

FOR OFFICE USE ONLY

- 1. Were all pages completed? YES NO
- 2. Was a COLOR COPY of BOTH forms of I.D. above attached to application? BOTH NO
If NO; what is missing: _____
- 3. Was applicant hired? YES NO **If YES;**
Hire Date: _____ & Pay Rate: _____
- 4. SENT for Pre-Employment Drug Test On: _____
- 5. Orientation (RCVD N.E.P. & Handbook): _____
- 6. RCVD completed N.E.P. On: _____

NOTES:

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state and local law.

*Equal Opportunity Employer
Drug-Free Work Environment*

FOR OFFICE USE ONLY

- 1. Date Application RCVD: _____
- 2. Date B.W.C. SENT: _____
- 3. Date B.W.C. RCVD: _____
of Claims: _____ (Att.)
- 4. Check of Ohio Driving Record:
SENT: _____ RCVD: _____
- 5. OK to Drive?: YES NO N/A
- 6. Andrew Insurance? YES NO N/A
If YES; Added On: _____ (Receipt Att)
- 7. COPY of Application Given To: _____
For Review On: _____

Please Print Legibly in ALL Sections of This Application.

PERSONAL

Last Name		First	Middle	Today's Date:	
Street Address				Home Telephone:	
City, State, Zip				Cell Phone:	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Month & Year _____				Social Security Number: _____ -- ____ -- _____	
Position applied for:				Date of Birth: ____ - ____ - _____	
Current Position Desired:				Pay Expected:	
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				E-Mail Address:	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under the age of 18, do you have an employment/age certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				What is your available start date?	
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please describe in full below.				Have you ever been bonded? <small>This means: When an employer has insurance to protect his clients from any damage you may cause intentionally or accidentally.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "Yes", with what employers?	
Do you have other special training or skills (languages, machine operation, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe in full below.				Were you referred by a current or past employee of Chemcote? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list their names below:	

PLEASE READ: Please **DO NOT** turn in this application WITH OUT the forms of identification shown below attached to it. They are needed to fully process the application. Please see Beth Leonard with questions.
1. OHIO Driver License **OR** Picture I.D. Card **AND** 2. Social Security Card **OR** Birth Certificate

Application Updated: 02.25.16

XC: _____ (Date: _____)

EDUCATION

School	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree of Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month & Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title & Describe Your Work	Reason for Leaving:

2	Company Name	Telephone ()
	Address	Employed - (State month & Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title & Describe Your Work	Reason for Leaving:

3	Company Name	Telephone ()
	Address	Employed - (State month & Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title & Describe Your Work	Reason for Leaving:

4	Company Name	Telephone ()
	Address	Employed - (State month & Year) From: To:
	Name of Supervisor	Weekly pay Start: Last:
	State Job Title & Describe Your Work	Reason for Leaving:

DO NOT CONTACT	We may contact the employers listed above unless you indicate those you do not want us to contact.
Employer Number(s): _____	
Please state your reason: _____	

MILITARY	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch? _____
Describe any training received to the position for which you are applying.			

Additional Information Membership in professional and civic organizations, special accomplishments, awards, etc. <small>(Excludes those which may disclose your race, color, religion, age or national origin)</small>

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in the Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

The application will expire in **30 days**. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept as offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that on one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ **Date**

_____ **Signature**

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

DIRECTIONS: The information supplied below is strictly voluntary and will no way affect the processing of your application. The information sheet will be proessed separately and will be used for statistical purposes only.

Thank you for your cooperation.

_____ - _____ - _____

Social Security Number

SEX:

_____ Male
_____ Female

RACE:

_____ American Indian/Alaskan Native
_____ Asian
_____ African American/Black
_____ Caucasian/White
_____ Hispanic
_____ Pacific Islander

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256

Attn: To Whom It May Concern

Re: *BWC Injury Information Release*

Dear Mr. / Ms.,

I hereby give the Ohio Bureau of Workers' Compensation permission to release any and all information pertaining to my historical work related accidents/injuries to Chemcote Inc., Chemcote Roofing Co., and/or the Cizar Corporation. If any other information or release is necessary or required please advise immediately, otherwise I will assume this satisfies your requirement to release the information requested.

If you should have any questions or require further information, please do not hesitate to contact me at (614) 792-2683.

FULL Name (Please Print)

Social Security Number

FULL Name (Signature)

Date



Please DO NOT complete this form unless you HAVE an OHIO Driver License.

REQUEST FOR CHECK OF OHIO DRIVING RECORD

I hereby authorize to release the following information to Andrew Insurance Associates, Inc. on behalf of CHEMCOTE, INC. for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

Applicant or Employee Signature

Today's Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-058, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

To Be Filled Out By Applicant or Employee:

A COPY OF YOUR OHIO DRIVER LICENSE MUST ACCOMPANY THIS FORM - *PLEASE PRINT CLEARLY.*

FULL NAME of Applicant or Employee: _____
First Middle Last

Address: _____
(Street Name)

(City, State & Zip Code)

Date of Birth: ____ / ____ / ____ Social Security#: ____ -- ____ -- ____

State of OHIO Driver License #: ____ -- ____ Expiration Date: ____ / ____ / ____
(2 Letters & 6 Numbers)

APPLICANT-Please DO NOT write below this line.

Position applying for OR current position: _____

Signature of Requester/Authorized Chemcote Employee

Today's Date

Printed Name of Requester/Authorized Chemcote Employee

** This form will be e-mailed (with a copy of OHIO Driver License) to: Becky Rager (rrager.andre02@insuremail.net) with Andrew Insurance. **

FOR OFFICE USE ONLY

1. Date Application RCVD: _____

2. Date B.W.C. SENT: _____

3. Date B.W.C. RCVD: _____

of Claims: _____ (Att.)

4. Check of Ohio Driving Record:
SENT: _____ RCVD: _____

5. OK to Drive?: YES NO N/A

6. Andrew Insurance? YES NO N/A

If YES; Added On: _____ (Receipt Att.)

7. COPY of Application Given To: _____

For Review On: _____



Fitness for Duty

As required in the Organization's Substance-Free (Drug-Free) Workplace program, I intend to under go a Pre-Employment drug and/or alcohol test.

I certify that I currently am not suffering any adverse effects from alcohol or any other drugs that would impair my behavior or ability to perform the duties and responsibilities of my job safely and satisfactorily while the results of the test(s) are pending.

Additionally, I certify that I have not had any previous work related or non-work related illness or injury that may impair my abilities to perform my job duties and responsibilities.

I realize that if the results of my test are positive or any information I have provided is found to be inaccurate in any way, I will be found in violation of this program, which may result in suspension and/or termination.

Name (Signature)

Date

Name (Print)