

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: \_\_\_\_\_

*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. Added to AssuredPartners?  YES  NO  N/A  
 If YES, Added On: \_\_\_\_\_  
 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 Kathy Laurie with any questions.**  
1. OHIO Driver License OR Picture I.D. Card AND 2. Social Security Card OR Birth Certificate

**EDUCATION**

Name of School	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	

<b>EMPLOYMENT</b>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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<b>1</b>	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:

<b>2</b>	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:

<b>3</b>	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:

<b>4</b>	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:

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

<b>MILITARY</b>	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.			

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

## **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 processed separately and will be used for statistical purposes only.

Thank you for your cooperation.

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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*

To whom it may concern:

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 Incorporated or Chemcote Roofing Company. If any other information or release is necessary or required please advise me 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.

**\*\* Please print legibly in the noted areas below. \*\***

\_\_\_\_\_  
FULL Name

(Please PRINT LEGIBLY)

\_\_\_\_\_  
Social Security Number

(Please PRINT LEGIBLY)

\_\_\_\_\_  
FULL Name (Signature)

(Please sign your FULL NAME)

\_\_\_\_\_  
Date

(Please PRINT LEGIBLY)

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR  
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes the Chemcote, Inc.,  
Name of Employer

or its insurance agency AssuredPartners of Ohio, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
Employee Signature  
\_\_\_\_\_  
Print Name

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**# Years of Driving Experience:** \_\_\_\_\_

**Social Security Number:** XXX-XX-\_\_\_\_\_

**\*\* A color copy of your Driver's License must accompany this form before it can processed. \*\***



## Fitness for Duty

As required in the Organization's Substance-Free (Drug-Free) Workplace program, I intend to undergo 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 (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (Signature)**