



To All Applicants:

HireRight, Inc. will be verifying the information you provided to Chemco during the pre-employment process and researching background information at our request.

Our objective is to complete this process quickly. Please make every effort to accurately provide all of the information requested on the application.

A HireRight associate may contact you for additional information during the verification process. Please return the associate's call or e-mail promptly to ensure the verification is completed as quickly and accurately as possible.

Thank you,

The Chemco Recruiting Team



Authorization and Consent Form (to be completed by applicants)

Please Print or Type

Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth _____

Present Address _____

City/State/Zip _____

I understand that in connection with my application for employment with Chemco Manufacturing Company, Inc. ("the Company"), the Company will use an outside agency to research and verify the information I have provided on my application for employment, including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to the Company. The Company uses HireRight, Inc., a consumer reporting agency, as an agent to perform background verifications.

I understand that HireRight, Inc. will obtain information it deems appropriate from various sources including, but not limited to, the following: credit reporting agencies, current and past employers, criminal conviction records, Department of Motor Vehicle records, military records, school records, and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish the Company and HireRight, Inc. all information about me.

I understand that a "Summary of Your Rights Under the Fair Credit Reporting Act" is available for my review at <http://www.ftc.gov/bcp/online/edcams/fcra/summary.htm>.

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by the Company.

Dated: _____ Applicant's Signature

Print Name

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I wish to receive without charge a copy of my Consumer Credit Report should one be ordered.



FOR CHEMCO USE ONLY

REQUESTOR Teri Nissen	REGION NB	PHONE NUMBER 847-480-7700	FAX NUMBER 847-559-1510
---------------------------------	---------------------	-------------------------------------	-----------------------------------

Sections I, II and III are to be completed by the client company. Section IV is to be completed by the applicant.

Section I. CLIENT INFORMATION

CLIENT COMPANY Chemco Mfg.	CLIENT NUMBER NA	JOB CODE	DATE
CLIENT CONTACT Teri Nissen	CONTACT PHONE NUMBER 847-480-7700		

Please fax this request form to your Recruiting and Outplacement Specialist.

Section II. POSITION APPLIED FOR

TITLE Sales or Sales Support	INCOME RANGE <input type="checkbox"/> over \$75,000/yr <input checked="" type="checkbox"/> under \$75,000/yr
Is this position regulated by the Department of Transportation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this a pre-employment check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section III. SERVICES REQUESTED

Criminal History* (including Felony & Misdemeanor)

Employment References ** 5 yr. 10 yr. Business DOT

Motor Vehicle Record *

Credit History*

Certifications*

Education Check**

Professional Licenses*

* Must include a signed, completed Administaff employment application and signed Disclosure & Authorization Form and complete "Applicant Information" below. For California applicants, you must also include a signed "Summary of Your Rights Under California Civil Code 1786.22.

** Must include a signed, completed Administaff employment application which includes phone numbers and appropriate name of supervisor(s) for current and previous employers.

Section IV. APPLICANT INFORMATION *(Please type or print clearly.)*

Complete Full Name as Shown on Driver's License			
FIRST NAME	MI	LAST NAME	OTHER NAME USED (MAIDEN)
(This information is requested by the vendor in order to ensure that the correct information is obtained from the state and federal courts.)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE NUMBER***	STATE***
CURRENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS(ES) FOR THE PAST TEN (10) YEARS			DATES AT ADDRESS

*****Required for motor vehicle record**



As part of the application process, Chemco may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
Name			Social Security Number	
Address			How Long?	
City			State	Zip Code
Daytime Telephone () ()	Home Telephone () ()	E-mail Address		
Position for which you are applying				
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days		What is your minimum salary requirement?
Do you have any commitments to another employer that might affect your employment with us?				Date available for work

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license in this state? Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 16 years old or over? If under 18, state age _____ .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by Chemco? If Yes, give dates _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any relatives working for Chemco: _____	
Can you perform the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any accommodation to perform the essential functions of the job? If Yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed (from-to)			Title	
	Name and Title of Supervisor			Telephone Number ()	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

BUSINESS REFERENCES

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

Person to be notified in case of emergency:

Name	Telephone ()
Address	

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. The applicant may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. The applicant may exclude any convictions of misdemeanors which are more than five years old.

California Applicants: You may exclude convictions for possession of small amounts of marijuana if such convictions are more than two years old.

Hawaii Applicants: Do NOT answer the criminal record questions.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If Yes, explain: _____

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)? Yes No

If yes, describe: _____

Are criminal charges now pending against you? Yes No

If yes, describe: _____

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Chemco any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Chemco, from liability for any damage that may result from furnishing same to Chemco.

I understand that Chemco and its client have agreed that Chemco will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Chemco's workers' compensation insurance policy.

If employed by Chemco and its client company, I agree to abide by the policies and procedures of Chemco and its client company which includes Chemco's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Chemco, the client company or myself. I further understand that no manager or representative of Chemco or its client company other than the president of Chemco has any authority to enter into any agreement, oral or written, on behalf of Chemco for a term of employment or to make any assurance or promise of continued employment.

I understand that Chemco may obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Chemco as part of the pre-employment background investigation and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Chemco for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature	Date
-----------	------