

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PLEASE PRINT CLEARLY

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Phone
	City	State		Zip+4	Business Phone
	Email Address				Cell Phone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year: _____ Location: _____				Social Security Number
	Position(s) Applied For:				Pay Expected
	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? (Proof of citizenship will be required)				When will you be available to begin work?
	Other special training or skills (languages, machine operation, seminars, licenses, etc.)				
	How did you learn of our organization? <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____				
	If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
	Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
	Would you be willing to travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					

List professional, trade, business or civic activities and offices held

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

References

Provide name, address, telephone number and email address of at least three references who are not related to you and are not previous employers:

Education	High School				Undergraduate College/University				Graduate/Professional			
	School Name and Location											
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Describe course of study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities.												
Describe any honors you have received.												
State any additional information you feel may be helpful in considering your application.												

MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
	Describe your duties and any special training <hr/> <hr/> <hr/> <hr/> <hr/>	Branch of Service
		Period of Active Duty (Month/Year) From To
		Rank at Discharge
		Date of Final Discharge

Have you ever been bonded?
 Yes No If Yes, describe:

List names of relatives and friends working for the company:

Have you received Workmen's Compensation or Disability Income Payments?
 Yes No If Yes, describe:

Have you any physical limitations that preclude you from performing the essential functions of the job you are applying for?
 Yes No If Yes, describe:

EMPLOYMENT

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

1	Company Name	Telephone () _____
	Address	Employed (enter month and year) From To
	Name of Supervisor	Weekly Pay Start Ending
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone () _____
	Address	Employed (enter month and year) From To
	Name of Supervisor	Weekly Pay Start Ending
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone () _____
	Address	Employed (enter month and year) From To
	Name of Supervisor	Weekly Pay Start Ending
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone () _____
	Address	Employed (enter month and year) From To
	Name of Supervisor	Weekly Pay Start Ending
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone () _____
	Address	Employed (enter month and year) From To
	Name of Supervisor	Weekly Pay Start Ending
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate by number those you do not want us to contact.	DO NOT CONTACT				
	1	2	3	4	5
	Reason:				

Applicant's Statement and Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment. You understand that the company will make a thorough investigation of your entire work and personal history and may verify all data given in the application for employment, related papers, or oral interviews. You authorize such investigation and the giving and receiving of any information requested by the company and you release from liability any person giving or receiving any such information. You understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent you from being hired, or if hired, may subject you to immediate dismissal. Falsification of information during the interview or on the application may result in disqualification of Workman's Compensation benefits. The company intends to use the Department of Homeland Security Terrorist Screening Database to better identify, screen and track individuals known or appropriately suspected to be or have been engaged in conduct constituting, in preparation for, in aid of, or related to terrorism (known or suspected terrorists).

Applicant will be disqualified from consideration of any position with the company for any of the following offenses:

A federal crime of terrorism as defined in 18 U.S.C. 2332b(g), or comparable State law, or conspiracy to commit such crime.

A crime involving a transportation security incident. A transportation security incident is a security incident resulting in a significant loss of life, environmental damage, transportation system disruption, or economic disruption in a particular area, as defined in 46 U.S.C. 70101. The term "economic disruption" does not include a work stoppage or other employee-related action not related to terrorism and resulting from an employer-employee dispute.

Improper transportation of a hazardous material under 49 U.S.C. 5124, or a State law that is comparable.

Unlawful possession, use, sale, distribution, manufacture, purchase, receipt, transfer, shipping, transporting, import, export, storage of, or dealing in an explosive or explosive device. An explosive or explosive device includes an explosive or explosive material as defined in 18 U.S.C. 232(5), 841(c) through 841(f), and 844(j); and a destructive device, as defined in 18 U.S.C. 921(a)(4) and 26 U.S.C. 5845(f).

Murder

Making any threat, or maliciously conveying false information knowing the same to be false, concerning the deliverance, placement, or detonation of an explosive or other lethal device in or against a place of public use, a state or government facility, a public transportation system, or an infrastructure facility.

Violations of the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, *et seq.*, or a comparable State law, where one of the predicate acts found by a jury or admitted by the defendant, consists of one of the crimes listed.

Espionage or conspiracy to commit espionage.

Sedition, or conspiracy to commit sedition.

Treason, or conspiracy to commit treason.

Unlawful possession, use, sale, manufacture, purchase, distribution, receipt, transfer, shipping, transporting, delivery, import, export of, or dealing in a firearm or other weapon. A firearm or other weapon includes, but is not limited to, firearms as defined in 18 U.S.C. 921(a)(3) or 26 U.S.C. 5845(a), or items contained on the U.S. Munitions Import List at 27 CFR 447.21.

Extortion

Dishonesty, fraud, or misrepresentation, including identity fraud and money laundering where the money laundering is related to a crime

Bribery

Smuggling

Immigration violations

Distribution of, possession with intent to distribute, or importation of a controlled substance.

Arson

Kidnapping or hostage taking

Rape or aggravated sexual abuse

Assault with intent to kill

Robbery

Fraudulent entry into a seaport as described in 18 U.S.C. 1036, or a comparable State law.

Violations of the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, *et seq.*, or a comparable State law, other than the violations listed in Part A, item 10

Conspiracy or attempt to commit felonies listed above.

You agree that your employment may be terminated by Industrial Chemicals Inc. at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by management at any time, you agree to submit to a search of your person or of any locker that may be assigned to you, and you hereby waive all claims for damages on account of such examination.

You authorize any physician, clinic or hospital to release any information which may be necessary to determine your ability to perform or continue to perform the essential functions of the position for which you were hired, with or without reasonable accommodations for the job you are being considered for prior to employment or in the future, during your employment with the company. You agree to submit to drug testing and medical examination to determine the use of illegal drugs and the abuse of legal drugs and alcohol. Such tests shall be prior to hiring, as continuing employment conditions and as a part of any required examination, after a company vehicle or on-the-job accident and whenever a supervisor has cause to believe an employee is under the influence of drugs or alcohol for the purpose of preventing alcohol or drug-influenced employees from endangering their own safety, the safety of other employees, the customer or the general public. Positive test results from post-accident testing will disqualify the employee from Workman's Compensation benefits.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. You understand and accept these as conditions of your potential or continuing employment.

You also understand that employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Printed Name

Date Signed

DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT

PLEASE BE ADVISED that Industrial Chemicals Inc. (the “Company”) may obtain information about you from a third-party consumer reporting agency to evaluate your eligibility for employment purposes. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, or mode of living.

~ End of document ~

Note to Company:

Leave a copy of this disclosure with the applicant/employee.

**DISCLOSURE OF PROCUREMENT OF
INVESTIGATIVE CONSUMER REPORT**

PLEASE BE ADVISED that Industrial Chemicals Inc. (the “Company”) may obtain an investigative consumer report about you from a third-party consumer reporting agency for employment purposes. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

~ End of document ~

Note to Company:

Leave a copy of this disclosure with the applicant/employee.



AUTHORIZATION

I HEREBY AUTHORIZE Industrial Chemicals Inc. (“the Company”) to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS’s Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:

Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view ESS's privacy policy, please go to <http://www.es2.com/privacy-policy/>

Please type or print using black ink. Illegible writing will cause delays.			
Last Name:	First Name:	Middle Name:	
Date of Birth:	Social Security Number:	Driver's License Number and State:	
Current Address:	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Degree obtaine:	Year Graduated:	Name of School:	City and State of School:
Last Name Used at Time of Graduation:	Other Aliases (Other Names I Have Been Known By):		



Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **DISA Global Solutions Inc.** to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			

LAST	FIRST		MIDDLE
ADDRESS			
STREET	_____		
CITY, STATE, ZIP	_____		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
			<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

_____ This authorization is valid for _____ days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1.</p> <p>a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Custom Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>