



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

NOTICE TO APPLICANTS

AluChem, Inc. is committed to providing an equal opportunity to all individuals who are seeking employment. The objective of AluChem, Inc.'s hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

INVITATION TO REQUEST REASONABLE ACCOMMODATION FOR APPLICANTS WITH A DISABILITY

Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform the Human Resources Manager at 01 Landy Lane, Cincinnati, Ohio 45215 – Phone: (513) 354-3650.

EMPLOYMENT ENTRANCE EXAM

AluChem, Inc. uses an employment entrance medical exam as part of its hiring process. Any offer of employment will be conditioned upon the individual passing the employment entrance exam. The employment entrance medical exam will be administered after the offer of employment, but before the performance of any job duties. If the person does not pass the employment entrance medical exam, the conditional offer of employment will be withdrawn and the conditional employment relationship shall cease. All medical data and information from the employment entrance medical examination will be treated as a confidential medical record as required by law. An individual who does not pass the employment entrance medical exam may make application for any other available job position the individual feels he/she is qualified to perform.

DRUG TESTING

AluChem, Inc. uses a test to determine the use of illegal drugs as part of its hiring test. This test will be administered after the offer of employment, but before the performance of any job duties. If the person does not pass this test, the conditional offer of employment will be withdrawn and the conditional employment relationship shall cease.

PERSONAL INFORMATION

Date:

Employee Name (Last, First, Middle):

Address (Street, Apt #, City, State, Zip):

Phone Number (DAYTIME):

Phone Number (EVENING):

Are you 18 years of age or older? Yes
No

Are you a U.S. citizen or alien to work in the U.S.? Yes
No

Have you ever been convicted of a felony? Yes
No

If yes, please explain:

EMPLOYMENT DESIRED

Job Desired:

Schedule Preference	Full-time	Will you work any shift?	Yes
	Part-time		No
	Seasonal		

Will you work necessary overtime?	Yes	If no, please explain:
	No	

Have you previously applied for employment here?	Yes	Have you previously worked for this company?	Yes
	No		No

If previously employed, please list position and employment dates:

How did you learn about jobs at this company	Advertisement
	Employee referral
	Other

Please list any relatives employed at this company:

EDUCATION

High School (Name and Location)	Did you graduate?	Yes No
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Number of years attended?	Subjects studied
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College (Name and Location)	Did you graduate?	Yes No
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Number of years attended?	Subjects studied
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Trade, Business or Technical School (Name and Location)	Did you graduate?	Yes No
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Number of years attended?	Subjects studied
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Please indicate if you have any skills or experience operating or maintaining plant equipment or machines. If a license or certification was obtained, please provide details of same:

EMPLOYMENT HISTORY

Start with present or most recent job and work backwards.

Employer Name:

Type of Business:

Address:

Job Title:

Dates of
Employment

Supervisor's name:

Status of
Employment Full-time
Part-time

Describe your duties:

Reason(s) for leaving:

Employer Name:

Type of Business:

Address:

Job Title:

Dates of
Employment

Supervisor's name:

Status of
Employment

Full-time
Part-time

Describe your duties:

Reason(s) for leaving:

Employer Name:

Type of Business:

Address:

Job Title:

Dates of
Employment

Supervisor's name:

Status of
Employment

Full-time
Part-time

Describe your duties:

Reason(s) for leaving:

Employer Name:

Type of Business:

Address:

Job Title:

Dates of
Employment

Supervisor's name:

Status of
Employment

Full-time
Part-time

Describe your duties:

Reason(s) for leaving:

AUTHORIZATION AND RELEASE

I authorize, without liability, investigation of all statement in this application. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution, that has or may hereafter attend or furnish me with treatment, from disclosing to the Company any knowledge or information hereby acquired.

I authorize all schools that I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me. I hereby release them and the Company from all liability for any damages whatsoever arising therefrom.

I authorize the individuals I have named as references to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I understand that in the event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. In the event of my employment with the Company, I agree to abide by all present and subsequently issued rules of the Company.

I understand and agree that nothing stated in this employment application, in any other document, or in any interview is intended to create an employment contract between the Company and myself for either reemployment or for the providing of any benefit. No promises or guarantees regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing by the President of this Company, and then only for the time specified, or if none is specified, one week.

I understand and agree that, if I am hired, my employment is for no definite period of time. I further understand and agree that, regardless of the date of payment of wages, salary or benefits, my employment, including wages, salary, or benefits, may be terminated with or without cause and with or without notice at any time by the Company. I also understand that the first ninety (90) working days of my employment constitute a training period and that I will not receive certain benefits provided to other employees during this period. In addition, I understand that I likewise may terminate my employment with or without cause and with or without notice at any time.

Read & Acknowledged

Yes

