

HFChlor-Alkali, LLC Employee Application

Personal Information

Print Name _____
Last
First
Middle

Address _____
Street
City
State
Zip

Home Tel. # _____ Cell Phone # _____

Social Security # _____ - _____ - _____ Driver's Lic. # _____ - _____ - _____

Were you previously employed by HFChlor-Alkali, LLC? Yes No
 If so, when: _____

| | | |
|------------------|----------------|----------------------|
| Desired Position | Desired Salary | Available Start Date |
|------------------|----------------|----------------------|

Employment Type:

Full-Time Part-Time Temporary Seasonal Co-Op/Intern

Available Work Schedule:

| | | | | | | |
|-----|-------|------|-------|------|------|------|
| Mon | Tues. | Wed. | Thur. | Fri. | Sat. | Sun. |
| To | To | To | To | To | To | To |

Preferred Shift:

Morning Shift (8 AM – 5 PM)
 Evening Shift (4 PM – 1 AM)
 Night Shift (12 PM – 9 AM)

Are there any personal limitations that will interfere in your ability to perform, on a regular basis, the duties of the job for which you are applying? Yes No
 If Yes, Please Explain _____

Criminal History:

Have you ever been convicted of a crime in the past 7 years, including a misdemeanor, felony and summary offenses, which has not been annulled or expunged from a court?

Note: A conviction record may not necessarily bar an application for employment.

Yes No

If "Yes", please explain: _____

Education and Training:

List Special Skills and Qualifications; mechanical and/or technical experience and abilities relevant to the position for which you have applied.

| School | Name | Address | Years Attended | Degree |
|---------------------|------|---------|----------------|--------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Vocational Training | | | | |

Work History:

Please list all employment starting with your most recent employer. Use an additional sheet of paper if necessary.

1.

| | | | | |
|------------|----------|------------------|--------------------|--------|
| Start Date | End Date | Name of Employer | Address | Tel. # |
| Salary | Position | Supervisor | Reason For Leaving | |

2.

| | | | | |
|------------|----------|------------------|--------------------|--------|
| Start Date | End Date | Name of Employer | Address | Tel. # |
| Salary | Position | Supervisor | Reason For Leaving | |

3.

| | | | | |
|------------|----------|------------------|--------------------|--------|
| Start Date | End Date | Name of Employer | Address | Tel. # |
| Salary | Position | Supervisor | Reason For Leaving | |

4.

| | | | | |
|------------|----------|------------------|--------------------|--------|
| Start Date | End Date | Name of Employer | Address | Tel. # |
| Salary | Position | Supervisor | Reason For Leaving | |

5.

| | | | | |
|------------|----------|------------------|--------------------|--------|
| Start Date | End Date | Name of Employer | Address | Tel. # |
| Salary | Position | Supervisor | Reason For Leaving | |

References:

Must have at least 1 business related reference. (HFChlor-Alkali, LLC may contact these individuals).

| Name | Phone #1 | Phone#2 | Yrs. Known | Relationship |
|------|----------|---------|------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Emergency Contact:

In case of emergency, the following individuals will be contacted.

| Name | Tel. 1 | Tel. 2 | Relationship |
|------|--------|--------|--------------|
| | | | |
| | | | |
| | | | |

Authorization and Disclaimer:

This information collected from you will be accessible to selected HFChlor-Alkali, LLC employees and any authorized agents relevant to the recruitment process.

_____ I certify that the facts contained in this application are true and complete to the
Initial best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

_____ I authorize all statements contained herein and the references and employers listed
Initial above to give any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.”

_____ I voluntarily give the Company the right to make a thorough investigation of my
Initial past employment and other activities, and agree to cooperate in such investigation, and release from all responsibility and/or liability, all persons, companies or corporations supplying such information.

_____ I consent to taking the pre-employment physical examination, including a drug
Initial screening test, and any such future examinations that may be required by the Company. I agree to wear or use protective clothing or devices as required by the Company and to comply with safety rules.

_____ I understand that quotation of wages or salary, whether on an hourly, weekly or an
Initial annual basis neither implies or guarantees that a term of employment contract has been entered into between Harris & Ford and myself in the event that I am employed.

Applicant’s Signature

DATE: _____

Print Name

Please return completed application to:

**HFChlor-Alkali, LLC
P.O. Box 489
Eddyville, IA 52553**

Attn: Heather Davis

For Office Use Only

Date Received: _____ Interviewed By: _____

Criminal History Check: Yes No

Comments:
