



DATE: _____

Submit application by email: reasley@drexchem.com

Submit application by Fax: 901-774-4666

EMPLOYMENT APPLICATION

Thank you for applying with DREXEL CHEMICAL COMPANY. This application will be considered active only until the position for which is has been submitted is filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply. DREXEL CHEMICAL COMPANY does not discriminate on the basis of race, gender, national origin, age, religion, disability, veteran status, or sexual orientation.

PERSONAL INFORMATION			
NAME:		TELEPHONE NO.:	
ADDRESS:		ALTERNATE NO.:	
CITY:	STATE:	ZIP CODE:	
IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE PROVIDE DATE OF BIRTH:			
POSITION APPLIED FOR:		SALARY EXPECTED:	
EMPLOYMENT QUESTIONNAIRE			
ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW WERE YOU REFERRED TO OUR COMPANY:	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED? IF NOT, PLEASE EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, IN THE PAST TEN YEARS WHICH HAS NOT BEEN ANNULLED, EXPUNGED, OR SEALED BY A COURT? IF SO, PLEASE DESCRIBE IN FULL: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER APPLIED TO WORK WITH OUR COMPANY BEFORE? IF SO, WHEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE? IF YES, WHEN AND AT WHAT LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK?	
EDUCATION			
CIRCLE THE HIGHEST LEVEL COMPLETED:	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4 5+	
PLEASE LIST ALL SCHOOLS ATTENDED:			
SCHOOL NAME AND ADDRESS	NUMBER OF YEARS ATTENDED	DEGREE (IF APPLICABLE)	MAJOR
HIGH SCHOOL:			
COLLEGE:			
GRADUATE:			
OTHER:			
LIST ANY OTHER TRAINING AND SKILLS THAT YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE SEEKING:			

MILITARY RECORD			
ARE YOU A VETERAN OF US MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHAT BRANCH?	
DATES OF ACTIVE SERVICE:	START:	END:	
EMPLOYMENT RECORD (LIST MOST RECENT POSITION FIRST)			
EMPLOYER NAME:		EMPLOYER ADDRESS:	
START DATE:	END DATE:	JOB TITLE:	SALARY:
TELEPHONE NUMBER:	SUPERVISOR NAME:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			
EMPLOYER NAME:		EMPLOYER ADDRESS:	
START DATE:	END DATE:	JOB TITLE:	SALARY:
TELEPHONE NUMBER:	SUPERVISOR NAME:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			
EMPLOYER NAME:		EMPLOYER ADDRESS:	
START DATE:	END DATE:	JOB TITLE:	SALARY:
TELEPHONE NUMBER:	SUPERVISOR NAME:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			
EMPLOYER NAME:		EMPLOYER ADDRESS:	
START DATE:	END DATE:	JOB TITLE:	SALARY:
TELEPHONE NUMBER:	SUPERVISOR NAME:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING:			
PLEASE LIST ALL PERIODS OF UNEMPLOYMENT EXCEEDING THREE (3) MONTHS:			
CERTIFICATION			
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS APPLICATION OR OMISSION OF CLEARLY RELEVANT INFORMATION IS GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR FOR DISMISSAL OF EMPLOYMENT. I UNDERSTAND THE DREXEL CHEMICAL COMPANY MAY CONTACT BY PREVIOUS EMPLOYERS TO VERIFY ANY INFORMATION CONTAINED IN THIS APPLICATION, AND RELEASE DREXEL FROM ANY LIABILITY WHATSOEVER THAT MIGHT BE INCURRED IN OBTAINING THIS INFORMATION. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITHOUT OR WITHOUT NOTICE, AT ANY TIME, AT THE DISCRETION OF EITHER THE COMPANY OR MYSELF.			
SIGNATURE OF APPLICANT:			DATE: