

DAVIS CHEMICAL SERVICES, LLC
Employment Application



Date of Application:	Referred By:
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Contact Information: Include all addresses for past three years. List in reverse order, starting with current. Attach sheet if more space is needed.

Last:	First:	Middle:	Suffix:
DOB:	SSN:	DL No. / State:	
Home Phone:	Mobile Phone:	Other:	
Mailing Address:			Apt No.
City:	State:	Zip:	Years:
Mailing Address:			Apt No.
City:	State:	Zip:	Years:
Mailing Address:			Apt No.
City:	State:	Zip:	Years:

Applicant Information:

Position Applying For:	Date Available to Start:
Special skills or training which might qualify you for this position:	
Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past 3 years, have you been convicted of a crime, placed on probation, or deferred adjudication, other than for misdemeanor traffic violations? (Answering yes this question does not necessarily exclude you from employment. Due consideration is given to circumstances surrounding convictions, probation or deferred adjudication.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Employment History: List employers in reverse order, starting with most recent. Attach sheet if more space is needed.

Employer Name:		
Address:		
City:	State:	Zip:
Phone:	Contact Person:	
Position:	Dates: _____ to _____	Salary:
Reason for Leaving:		
Employer Name:		
Address:		
City:	State:	Zip:
Phone:	Contact Person:	
Position:	Dates: _____ to _____	Salary:
Reason for Leaving:		
Employer Name:		
Address:		
City:	State:	Zip:
Phone:	Contact Person:	
Position:	Dates: _____ to _____	Salary:
Reason for Leaving:		
Employer Name:		
Address:		
City:	State:	Zip:
Phone:	Contact Person:	

Position:	Dates: _____ to _____	Salary:
Reason for Leaving:		
Employer Name:		
Address:		
City:	State:	Zip:
Phone:	Contact Person:	
Position:	Dates: _____ to _____	Salary:
Reason for Leaving:		

Military Service:

Branch:	Rank:
From: _____ To: _____	Type of Discharge:
If other than Honorable, explain:	

Education:

High School:		
City:	State:	From: _____ To: _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
College:		
City:	State:	From: _____ To: _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
Other:		
City:	State:	From: _____ To: _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	

Emergency Contact:

Name:		Relationship:	
Address:		City:	State:
Home Phone:	Mobile Phone:		

Acknowledgement:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT, AND I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO HIRE ME OR TERMINATION OF MY EMPLOYMENT.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____