



Chemical Containers, Inc.
P.O. Box 1307
Lake Wales, FL 33859-1307
863-638-1407

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Mobile/Beeper/Message _____ Social Security # _____

Type of employment desired: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op
☐ YES ☐ NO If you are under 18, and it is required, can you furnish a work permit? If no, please explain: _____

☐ YES ☐ NO Are you able to meet the attendance requirements of this position?
☐ YES ☐ NO Do you have any objection to working overtime if necessary?
☐ YES ☐ NO Can you travel if required by this position? DATE AVAILABLE FOR WORK ____/____/____
☐ YES ☐ NO Have you ever been employed here before?
☐ YES ☐ NO Can you submit proof of legal employment authorization and identity?
☐ YES ☐ NO Have you been convicted of a crime in the last seven (7) years? If yes, please explain: _____

Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license # if driving is an essential job function _____ State _____

EMPLOYMENT HISTORY

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ Per Final \$ Per	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
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AN EQUAL OPPORTUNITY EMPLOYER

SKILLS AND QUALIFICATIONS:

Summarize any job related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL BACKGROUND

List school name and location, years completed, course of study, and any degrees earned:

High School:

College:

Technical Training:

Other:

REFERENCES (Do not include relatives or employers):

NAME	TELEPHONE	YEARS KNOWN

READ CAREFULLY AND SIGN:

I HEREBY AUTHORIZE **CHEMICAL CONTAINERS, INC.** TO CONTACT, OBTAIN, AND VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND REFERENCES. I ALSO HEREBY RELEASE FROM LIABILITY THE POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSONS OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WHENEVER IT MAY BE DISCOVERED.

IF I AM EMPLOYED, I ACKNOWLEDGE THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

I UNDERSTAND THAT IT IS THE POLICY OF THIS ORGANIZATION NOT TO REFUSE TO HIRE, OR OTHERWISE DISCRIMINATES, AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSONS NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY **ADA**.

I ALSO UNDERSTAND THAT IF I AM EMPLOYED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND THAT I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

APPLICANT SIGNATURE:_____

DATE:_____