



Application for Employment

It is the policy of Zochem LLC to provide equal employment opportunity to all persons regardless of race, color, religion, sex, national origin, age, genetics, disability, or veteran status, or any other characteristic protected by federal or state law. We are a Drug-Free Workplace and comply with e-Verify.

PLEASE PRINT

PERSONAL	Position Applied For:			Date: / /
	Last Name		First Name	Middle Initial
				Home Phone () -
				Cell Phone () -
	Present Address\			E-Mail Address:
	City		State	Zip
				Have you ever worked for Zochem LLC or before? <input type="checkbox"/> No <input type="checkbox"/> Yes, From to
	Days Available	Preferred Shift (Check): <input type="checkbox"/> Day <input type="checkbox"/> Aftn <input type="checkbox"/> Nite	Do you have military service? <input type="checkbox"/> NO <input type="checkbox"/> YES, Dates	
			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you eligible for employment in the United States? (All candidates must provide proof of identity and employment eligibility in accordance with the Immigration Reform and Control Act.) <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony? (A yes answer will not necessarily disqualify you from employment.) <input type="checkbox"/> NO <input type="checkbox"/> YES, for _____ <i>Answering YES will not necessarily exclude you from consideration.</i>	
Referral source:				
<input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency – List: _____				
<input type="checkbox"/> Newspaper /Publication- List: _____				
<input type="checkbox"/> Internet Site - List: _____				
<input type="checkbox"/> Friend/Relative – Name: _____		<input type="checkbox"/> Employee – Name: _____		

EDUCATION	Name & Location of School	# Years Attended	Graduated? (Yes/No)	Type of Degree	Major Field of Study	GPA
	High School					
	Technical/Business School					
	College/University					
	Graduate School					
	Scholastic Honors, Scholarships, Awards, Publications (Omit any that may indicate sex, race, religion, national origin or other protected status.)					
You may be required to provide transcripts for your personnel file prior to or upon acceptance of a job offer with Zochem LLC.						

OTHER QUALIF.	Clerical/Office	Equipment/Machines
	Computer	Languages (if required for position)
	Certificates	Licenses

PRINT
NAME

READ CAREFULLY: This section must be *complete* for employment consideration. DO NOT ENTER "See Resume" as a resume does not substitute for completing this section. However, you may attach the resume as additional information. Start with your most recent job first. Ask for a separate sheet for additional work history. Complete all blanks. Incomplete and/or erroneous information may disqualify you from consideration for employment. If you were employed under another name, please list that name also.

May we contact your current employer regarding a work reference prior to a job offer?

Yes No

EMPLOYMENT EXPERIENCE

Employer	Phone () -	Supervisor	
Address	Position		
City, State Zip	Starting Salary	Ending Salary	To (Mo/Yr) /
Reason for leaving	Primary Responsibilities		

Employer	Phone () -	Supervisor	
Address	Position		
City, State Zip	Starting Salary	Ending Salary	To (Mo/Yr) /
Reason for leaving	Primary Responsibilities		

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Address	Position		
City, State Zip	Starting Salary	Ending Salary	To (Mo/Yr) /
Reason for leaving	Primary Responsibilities		

CERTIFICATION AND AGREEMENT REGARDING EMPLOYMENT

Please Read the Following Paragraphs Carefully: By checking the box and entering my name below, I certify that I have read, understand and agree to each of the following statements:

- To the best of my knowledge, all of the information I have supplied on this application is true, accurate, and complete, and I have not knowingly withheld any information that, if known to the Company, would likely affect my application unfavorably.
- If I am hired by the Zochem LLC ("Company") and the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, my employment with the Company may be terminated immediately.
- This employment application will be considered active for ninety (90) days from the date submitted. If I desire to be considered for employment with the Company after that time, I must complete and submit a new application.
- If offered employment with the Company, I agree to submit to a post-offer, pre-employment drug and alcohol test prior to beginning work with the Company, and I understand that a positive test will result in the rescission of the job offer. I understand that if I am employed by the Company, I will be required to undergo drug and alcohol testing as required under the Company's Alcohol and Drug Policy, which may require periodic or random testing.
- If I accept employment with the Company, as consideration for my initial and continued employment, I agree to abide by all the Company's policies, rules, and requirements throughout the term of my employment.
- I understand that nothing in this application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated by the Company or me at any time, with or without cause and with or without notice.
- Effective upon my acceptance of any offer of employment with the Company, I agree to release to the Company and/or its designated insurers or agents my medical information, including but not limited to files, reports, x-rays, evaluations, and opinions, to the extent such information is consistent with applicable laws and regulations, job-related, and consistent with the Company's legitimate business needs. I acknowledge that this is a general release of my medical information and records and will remain in effect for the duration of my employment with the Company.
- If I accept employment with the Company and become personally indebted to the Company, I authorize the Company to withhold from my wages such amounts as are permitted by law to satisfy my indebtedness to the Company.
- If I accept employment with the Company, I agree that any cause(s) of action or claim(s) that I may have or bring against the Company, or that the Company may have or bring against me, shall be commenced within the applicable statute of limitations period, within one (1) year of my knowledge of such claim or cause of action, or within one (1) year after my separation from employment, whichever is earlier, as allowed by law.
- I hereby grant permission for the Company to conduct a background investigation on me and on any information contained in my application. I acknowledge and agree that the background investigation may include without limitation a search, review, or verification of my Social Security Number, previous employers, Sex Offender Registry, credit report, criminal records/history, occupational/professional licensures, academic credentials, driver's license and driving record which the Company believes is necessary to determine my qualifications for assuming a job with the Company.
- I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Signature _____ Date _____
PRINT NAME _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PRINT NAME _____ Social Security # _____

Other names used with previous employers _____

- ❖ I hereby authorize any current or past employer to release my employment history information to Zochem LLC to verify my qualifications and general employability.
- ❖ I release all current and past employers and Zochem LLC, their officers, representatives, and agents from any liability resulting from the disclosure of this information.
- ❖ A photographic copy of this authorization shall be as valid as the original.

Applicant Signature _____ Date _____

A prior employment verification will not be sent to any current employer until after a job offer has been accepted or employment commences, unless agreed to elsewhere on this application.

Self-Identification Form

Zochem LLC complies with government record keeping, reporting and other legal requirements, and requests your cooperation in completing the Self-Identification Form below. This data will be used solely for periodic government reporting and will be kept separate from all applications in a confidential file.

Please Print:

Name	Date
Position	

1. **Check one:** Male Female

2. **Check one of the following race/ethnic groups**

- American Indian or Alaskan Native** A person having origins in any of the original peoples of North America and who maintain culture identification through tribal affiliation or community recognition as an American Indian or Alaskan Native.
- Asian**— A person having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black** (not Hispanic origin) - A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White** - (not Hispanic origin) - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Multi-Racial** – A person whose biological parents are of different races. Please specify which groups above:

- I elect to not provide this information.**

3. **Check any applicable disabled status that applies:**

- Not Disabled**
- Disabled Individual** — A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such person's major life activities, has a record of such impairment or is regarded as having such impairment.
- I elect to not provide this information.**

4. **Check any applicable veteran status that applies**

- Not a Veteran**
- Special Disabled Veteran** — A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Vietnam Era Veteran** — A person who 1) served on active duty for more than 180 days: (A) during the period beginning on February 28, 1961 and ending on May 07, 1975, in the case of a veteran who served in the Republic of Vietnam during that period, or (B) during the period beginning August 05, 1964 and ending May 07, 1975, in all other cases; and was released with other than a dishonorable discharge, or 2) was discharged or released from active duty for a service-connected disability if any part of such active duty was during those dates.
- Newly Separated Veteran** — A person who 1) served in a "war" including veterans with active duty service between December 07, 1941 and April 28, 1952 or 2) served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.
- I elect to not provide this information.**