

This application must be completed in full even if a Resume is attached.

CONFIDENTIALITY

All information provided on this employment application will be kept strictly confidential and is for Pro Chem, Inc. use only.



DATE ____/____/____

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

PRESENT ADDRESS _____ HOW LONG AT THIS ADDRESS _____ YRS
STREET CITY STATE ZIP CODE

PHONE NUMBER () _____ SALARY EXPECTED? \$ _____

ALTERNATE CONTACT NUMBER: _____ E-MAIL _____

ARE YOU PRESENTLY EMPLOYED? YES () NO () AVAILABLE START DATE: _____

HOW MANY FULL TIME POSITIONS HAVE YOU HELD IN THE PAST 5 YEARS? _____

IF YOU HAVE SALES EXPERIENCE, HAVE YOU HAD ANY FORMAL SALES TRAINING? YES () NO () WHAT YEAR? _____

PLEASE DESCRIBE: _____

IF APPLYING FOR SALES DO YOU HAVE VALID INSURANCE AND RELIABLE TRANSPORTATION? YES () NO ()

DESCRIBE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES () NO () D.L. NUMBER: _____ STATE: _____

HAVE YOU HAD ANY DUI CONVICTIONS IN THE LAST THREE YEARS? YES () NO () IF YES DATE: _____

In the interest of a safe and healthy work environment, we require that all our employees be willing to submit themselves for a drug and alcohol test. Should you be offered and decide to accept employment with us, are you agreeable to be tested? **YES () NO ()**

If your answer was "YES", please read and then sign the following release statement. I have been fully informed of Pro Chem's Drug/Alcohol test requirements and freely consent to submit to such a test. I release Pro Chem from any and all liability from the result of this test. I understand that the results of my test will be forwarded to Pro Chem and will become part of my Pro Chem record.

Should the results of my test come back positive and for any reason I am not hired, I understand that I will be given the opportunity to explain these results. I hereby authorize the results of my Drug/Alcohol test be released to Pro Chem, Inc.

SIGNATURE _____

DATE _____

IMPORTANT

All the following information concerning previous employment background must be fully completed including necessary fax and telephone numbers. We check all employment references.

Current or Most Recent EMPLOYER Information

DATE	MO.	YR.
FROM		
TO		

May we contact this employer? Yes () No ()

COMPANY _____ PHONE () _____

CITY _____ STATE _____ FAX () _____

YOUR POSITION _____

WHO WAS YOUR IMMEDIATE SUPERVISOR? _____ TITLE _____

WHAT WAS THE NATURE OF THE BUSINESS? _____

WHAT WAS THE NATURE OF YOUR WORK AND TITLE? _____

STARTING INCOME \$ _____ () SALARY ,() COMMISSION

INCOME AT LEAVING \$ _____ () SALARY ,() COMMISSION

WHAT WAS YOUR REASON FOR LEAVING? _____

WHAT WAS YOUR MAJOR ACCOMPLISHMENT WHILE ON THIS JOB ? _____

WHAT KIND OF REFERENCE DO YOU THINK THIS EMPLOYER
WOULD GIVE ABOUT YOUR JOB PERFORMANCE & WHY? _____

Previous EMPLOYER Information

DATE	MO.	YR.
FROM		
TO		

May we contact this employer? Yes () No ()

COMPANY _____ PHONE () _____

CITY _____ STATE _____ FAX () _____

YOUR POSITION _____

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WOULD GIVE ABOUT YOUR JOB PERFORMANCE & WHY? _____

EMPLOYMENT HISTORY CONTINUED

Previous EMPLOYER Information

DATE	MO.	YR.
FROM		
TO		

May we contact this employer? Yes () No ()

COMPANY _____ PHONE () _____

CITY _____ STATE _____ FAX () _____

YOUR POSITION _____

WHO WAS YOUR IMMEDIATE SUPERVISOR? _____ TITLE _____

WHAT WAS THE NATURE OF THE BUSINESS? _____

WHAT WAS THE NATURE OF YOUR WORK AND TITLE? _____

STARTING INCOME \$ _____ () % SALARY ,() % COMMISSION

INCOME AT LEAVING \$ _____ () % SALARY ,() % COMMISSION

WHAT WAS YOUR REASON FOR LEAVING? _____

WHAT WAS YOUR MAJOR ACCOMPLISHMENT WHILE ON THIS JOB? _____

WHAT KIND OF REFERENCE DO YOU THINK THIS EMPLOYER

WOULD GIVE ABOUT YOUR JOB PERFORMANCE & WHY? _____

Acknowledgment and Authorization

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information on this application or on any document used to secure this employment can be grounds for rejection of my application. If I am employed by Pro Chem, Inc., this information can be grounds for my immediate termination from Pro Chem, Inc.

I agree and release all parties from liability or damages that may result from soliciting or providing such information.

OTHER MATTERS

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check to investigate my criminal background and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

Are you able to perform the essential responsibilities of the job that you are applying for with or without reasonable accommodations? Yes () NO ()

PLEASE SIGN HERE: _____ Date _____

Equal Employment Opportunity: Pro Chem, Inc. is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, sexual orientation, marital status or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment and verify identity.

Essential Responsibilities of an Outside Sales Position

1. The majority of our customers begin their work day by 7:00 AM, making it a requirement of our sales associates to begin their work day accordingly.
2. In order to prove the value of the products we offer, we encourage product demonstrations to be made as often as possible. On some sales calls a sales associates sample case may weigh as much as 25 pounds.
3. At a minimum, it requires at least 100 repeat clients to provide our sales associates a reasonably successful territory. To reach this crucial plateau, an average work day often requires getting in and out of your car 20 times a day.
4. Success as an outside sales person requires uncommon self discipline, exceptional organizational skills and a commitment to study and learn a vast amount of product information. Devoting an hour or more every evening after work is crucial to master all that one needs to know.

I have read the essential responsibilities of an Outside Sales Associate and I am confident that I can meet the requirements.

SIGN

DATE