



Employment Application

# IMPORTANT

## Instructions for completing the application form.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please put N/A.
3. If an offer of employment is made to you, Strem Chemicals, Inc. may declare that the offer is contingent upon the successful results of a medical exam, drug test, references, and background check.
- 4. False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.**
5. Read certification and releases carefully before signing.
6. Return your completed application and resume to:

[Career@strem.com](mailto:Career@strem.com)

or

**Strem Chemicals, Inc.  
7 Mulliken Way  
Newburyport, MA 01950**

**STREM CHEMICALS, INC.  
EMPLOYMENT APPLICATION**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**It is the policy of Strem Chemicals, Inc. to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, gender, gender identity, marital status, and genetic information or any other status or characteristic protected under applicable law. Strem Chemicals intends that all matters related to recruitment, hiring, training, compensation, benefits, promotions, upgrades, transfers and separations, as well as any company-sponsored social and recreational programs, be free of unlawful discriminatory practices.**

**PERSONAL INFORMATION**

Name (First)	(Middle)	(Last)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street)	(City)	(State)	Zip Code	Personal Cell Phone
Home Address (if different from mailing address)				Personal E-Mail Address
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you over 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Who referred you?				
Employment Agency <input type="checkbox"/> Employee <input type="checkbox"/> Name of Employee: _____				
Newspaper advertisement <input type="checkbox"/>				
Other Internet job site <input type="checkbox"/>				
Other: _____				
_____				

**EMPLOYMENT DESIRED**

Position Applied For:	How soon can you start if a job offer is made?
Have you worked for Strem Chemicals before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates you were employed at Strem Chemicals: to
Are you available for full time work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you available for part time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you reviewed the essential functions of the job as listed on the job posting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?	
_____	
_____	
_____	
_____	
_____	

<b>EDUCATION</b>				
Name of School	Location City                      State	Main Course of Study	Did you Graduate	Degree
List any additional education or training: _____				
_____				
_____				
_____				

<b>PROFESSIONAL REFERENCES (not personal):</b> List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

<b>MILITARY SERVICE INFORMATION</b>	
<i>This information is furnished on a voluntary basis.</i>	
Check all that apply:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran
Dates of Service:	to                      Branch?
If Vietnam Era Veteran, have you been certified by the Office of Diversity and Equal Opportunity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the Certification #?	_____
(Please attach Form DD214 or a copy of ODEO certification.)	

**IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET**

<b>EMPLOYMENT HISTORY</b>		<b>COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume.</b>	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Begin with your most recent employment, including any present employment. Your present employer <u>will not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:		From	To Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:		From	To Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:		From	To Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:		From	To Reason for Leaving
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	Specific Duties
City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:		From	To Reason for Leaving

**ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE**

**RELEASE AND CERTIFICATION  
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with Strem Chemicals, Inc. I hereby authorize Strem Chemicals, Inc. to conduct a full investigation into my background.

I authorize Strem Chemicals, Inc. to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to Strem Chemicals, Inc. for the purpose of making its hiring decision. I agree that Strem Chemicals, Inc. shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that my employment will be at-will, which means that both Strem Chemicals, Inc. and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE**

**PLEASE READ BEFORE SIGNING**

If an offer of employment is made to you, Strem Chemicals, Inc. may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to Strem Chemicals, Inc. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by Strem Chemicals, Inc. for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# **THIS IS AN INSERT provided for Informational Purposes Only**

## **IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT**

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work. Please be prepared to provide any of the following documentation if you are offered and accept a position:

**(This Verification Process Is Required For All Employees (Both Citizen And Non-Citizen) Hired After November 6, 1986.)**  
**The list below is effective April 3, 2009.**

**List A:** Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.
4. Employment Authorization Document containing a photo (Form I-766)
5. In the case of a non-immigrant alien authorized to work for a specific employer incident to status a foreign passport with Form I-94 or Form I-94A bearing the same as the passport and containing an endorsement of the alien's nonimmigrant status.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating non-immigrant admission under the Compact of Free Association between the United States and the FSM or RMI.

**OR** one from List B **and** one from List C:

**LIST B** These establish identity:

1. State Driver's license or similar state I.D. card with photo or other approved identifying information
2. ID card issued by federal, state, or local government agency containing photo and required identifying information
3. School ID card with photograph
4. Voter's registration card
5. U.S. military card or a draft card
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian governmental authority

For those under 18 years of age who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor or hospital record
12. Day-care or nursery school record

**LIST C** These establish employment authorization:

1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States.
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified U.S. birth certificate bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. ID Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security