

EMPLOYMENT APPLICATION

CHEMICAL ABSTRACTS SERVICE

EMPLOYMENT DEPARTMENT
P.O. BOX 3012
COLUMBUS, OHIO 43210-0012



A division of the American Chemical Society

It is the fundamental policy of Chemical Abstracts Service to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, disability (which, with reasonable accommodation, does not impair an employee's work performance or significantly increase work hazards for the employee or others), or military veteran status. We request that any resume submitted not include information indicative of race, color, religion, sex, national origin, age, disability, or military veteran status.

| | | | |
|--|---|-----------------------------------|-------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | TODAY'S DATE (mm / dd / yyyy) |
| / / | | | |
| WHICH (IF ANY) OTHER NAME(S) HAVE YOU BEEN KNOWN BY AT WORK OR WHILE RECEIVING YOUR EDUCATION? | | | |
| PRESENT ADDRESS (NUMBER AND STREET) | | (CITY AND STATE) | (ZIP CODE) |
| PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) | | (CITY AND STATE) | (ZIP CODE) |
| AREA CODE AND PHONE NUMBER (PRESENT) () - (PERMANENT) () - | ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| HAVE YOU EVER BEEN EMPLOYED BY CHEMICAL ABSTRACTS SERVICE OR THE AMERICAN CHEMICAL SOCIETY, IN A REGULAR, CONTRACTING, OR TEMPORARY POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, INDICATE DATES OF EMPLOYMENT AND THE NAME OF SUPERVISOR OR TEMPORARY AGENCY. | | | |
| FROM: / / | TO: / / | AGENCY OR SUPERVISOR: | |
| ARE ANY OF YOUR RELATIVES EMPLOYED BY CHEMICAL ABSTRACTS SERVICE OR AMERICAN CHEMICAL SOCIETY? <input type="checkbox"/> NO <input type="checkbox"/> YES (NAME AND RELATIONSHIP) | | | |
| ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| WHAT IS YOUR VISA CLASSIFICATION, IF APPLICABLE? | | | |
| HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? (Conviction of a crime is not an ultimate bar to employment – all circumstances will be considered.) <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE DETAILS: | | | |
| FOR WHAT POSITION ARE YOU APPLYING? | SALARY REQUIREMENT PER YEAR | DATE AVAILABLE FOR EMPLOYMENT / / | |
| HOW WERE YOU REFERRED TO CHEMICAL ABSTRACTS SERVICE? | | | |

EDUCATION

| | NAME AND ADDRESS OF SCHOOL | DEGREE RECEIVED | MAJOR / MINOR | GRADE POINT AVERAGE |
|----------------------|----------------------------|-----------------|---------------|---------------------|
| | | | | |
| HIGH SCHOOL | | | | |
| | | | | |
| COLLEGE / UNIVERSITY | | | | |
| | | | | |
| GRADUATE SCHOOL | | | | |
| | | | | |
| OTHER | | | | |
| | | | | |

SPECIAL SKILLS

PLEASE INDICATE ANY OUTSTANDING FEATURES OF YOUR TRAINING AND EXPERIENCE WHICH WILL ASSIST US IN EVALUATING YOUR CAPABILITIES WITH RESPECT TO THE POSITION FOR WHICH YOU ARE APPLYING. *Exclude activities which would identify your race, color, sex, national origin, religion, age, disability, or military veteran status. Continue on back or on a separate sheet if necessary.*

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PLEASE PROVIDE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY SERVICE. PLEASE GIVE DATES AND EXPERIENCE.

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PLEASE INDICATE YOUR FOREIGN LANGUAGE SKILLS (IF APPLICABLE)

| LANGUAGE | CREDIT HOURS EARNED | YEARS OF USAGE | SPEAK | | READ | | WRITE | |
|----------|---------------------|----------------|-------|------|------|------|-------|------|
| | | | GOOD | FAIR | GOOD | FAIR | GOOD | FAIR |
| | | | | | | | | |
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| | | | | | | | | |

ACADEMIC AWARDS OR HONORS RECEIVED IN COLLEGE

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TITLE OF THESIS – AIM AND RESULTS OF PROBLEM

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PROFESSOR DIRECTING THESIS STUDIES

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LIST OF PUBLICATIONS IN THE LAST FIVE YEARS (TITLES & REFERENCES)

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WORK EXPERIENCE

LIST PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT – ATTACH SHEET IF NECESSARY.
You must complete this section even if your resume is attached.

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|---|--------------------------|---|----------------------|
| CURRENT EMPLOYER | START DATE / / | END DATE / / | JOB RESPONSIBILITIES |
| EMPLOYER ADDRESS (NUMBER AND STREET) (CITY AND STATE) (ZIP CODE) | | | |
| STARTING SALARY ANNUALLY | FINAL SALARY ANNUALLY | TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER | |
| POSITION HELD | SUPERVISOR'S NAME | REASONS FOR LEAVING | |
| MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> YES, PHONE NUMBER () - | | | |

| | | | |
|--|--------------------------|---|----------------------|
| PREVIOUS EMPLOYER | START DATE / / | END DATE / / | JOB RESPONSIBILITIES |
| PREVIOUS ADDRESS (NUMBER AND STREET) (CITY AND STATE) (ZIP CODE) | | | |
| STARTING SALARY ANNUALLY | FINAL SALARY ANNUALLY | TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER | |
| POSITION HELD | SUPERVISOR'S NAME | REASONS FOR LEAVING | |

| | | | |
|--|--------------------------|---|----------------------|
| PREVIOUS EMPLOYER | START DATE / / | END DATE / / | JOB RESPONSIBILITIES |
| PREVIOUS ADDRESS (NUMBER AND STREET) (CITY AND STATE) (ZIP CODE) | | | |
| STARTING SALARY ANNUALLY | FINAL SALARY ANNUALLY | TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER | |
| POSITION HELD | SUPERVISOR'S NAME | REASONS FOR LEAVING | |

| | | | |
|--|--------------------------|---|----------------------|
| PREVIOUS EMPLOYER | START DATE / / | END DATE / / | JOB RESPONSIBILITIES |
| PREVIOUS ADDRESS (NUMBER AND STREET) (CITY AND STATE) (ZIP CODE) | | | |
| STARTING SALARY ANNUALLY | FINAL SALARY ANNUALLY | TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> OTHER | |
| POSITION HELD | SUPERVISOR'S NAME | REASONS FOR LEAVING | |

REFERENCES

LIST TWO PROFESSIONAL ASSOCIATES OR COLLEGE/UNIVERSITY EDUCATORS WHO ARE FAMILIAR WITH YOUR WORK.

| NAME | RELATION | EMPLOYER | PHONE |
|------|----------|----------|---------|
| | | | () - |
| | | | () - |

I hereby authorize Chemical Abstracts Service (CAS), its employees and agents, including private investigative agencies employed by CAS, in connection with considering me for employment, to conduct an investigation concerning all statements contained in my application for employment and to inquire about my education credentials, past and present job performance, military service and criminal background.

I hereby release CAS, its employees and agents, private investigative agencies, any individual or institution, and any current or former employer from any liability arising from disclosure of any information pertaining to me which is obtained during said investigation.

I understand that, should I begin employment with CAS, an investigation may be made, including contacting the institutions and all employers named in this application and that should such investigation or contact reveal any misrepresentation on my part on this application, then I may be terminated for that misrepresentation or any other information not revealed that would be relevant to my acceptability for employment.

I hereby give my permission to CAS and the laboratory it has selected to conduct the urine tests required for drug screening as a condition of employment. I acknowledge that if CAS offers me employment, the offer is contingent upon my passing a test for the presence of illegal drugs. Furthermore, I understand that at any time during employment with CAS, I may be asked to take another drug test.

I understand that should I be offered employment with CAS, the offer is conditioned on my ability to comply with all United States immigration laws. I also understand that if I fail to provide documentation that establishes my identity and eligibility to work in the United States within the first three days of employment, the law requires that employment be suspended until such documentation can be produced.

All applicants for employment must satisfy the qualifications and requirements specified by the insurer which provides the fidelity bond and insurance coverage to CAS. I understand that applicants or employees not meeting the bond requirements will not be employed by CAS.

I understand and acknowledge that this employment application and other written document or verbal statements by CAS are not to be construed as a guarantee of employment either in a specific job or for a specific time. I further acknowledge and understand that employment is terminable at will by either the employee or CAS; and policies and procedures established by CAS from time to time, including any policies applicable to pay, benefits and other conditions of employment, do not constitute any form of contract of employment, either implied or expressed, and that such policies and procedures may be changed at any time at the sole discretion of CAS.

| | |
|-------------|-----------|
| Print Name: | Date: / / |
| Signature: | |

It is the policy of Chemical Abstracts Service to treat all employees and applicants in a manner consistent with our policies and practices, without regard to their race, color, religion, sex, age, national origin, disabilities, veteran status, or other categories as protected by law. This policy is applicable to all aspects of employment, including recruitment, hiring, training, promotions, terminations, and benefits.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

CHEMICAL ABSTRACTS SERVICE

The American Chemical Society and Chemical Abstracts Service complies with all Federal and Local Equal Employment Opportunity/Affirmative Action regulations. Employment decisions are made on the basis of job-related criteria regardless of the age, race, color, religion, sex, national origin, disabilities, status as a disabled veteran, or status as a veteran of the Vietnam Era, marital status, personal appearance, sexual orientation, family responsibilities, political affiliation or matriculation of the applicant or the employee.

As a federal contractor, the Society complies with government regulations and is required to maintain records to evaluate its Equal Opportunity practices and Affirmative Action efforts. Completion of this sheet is strictly voluntary. Your refusal to provide it will not affect our evaluation of your qualifications for employment or result in discriminatory treatment if you are hired by the Society.

The information you provide will be kept confidential. It is not part of your application and will not be used in the departmental interview process, nor will it be made part of your employment file should you be hired. Its only purpose is to assist us in preparing reports for governmental monitoring activities.

| | |
|------------------|---------------------|
| Name: | Date: / / |
| Position: | |

| | | |
|--|--|---|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: / / Month / Day / Year | Race: (Please check applicable code) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White |
|--|--|---|

| | | |
|---|---|--|
| Are you a Veteran? <input type="checkbox"/> NO <input type="checkbox"/> YES | Veteran Status: (If yes, please check applicable code) <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Vietnam Era Veteran <input type="checkbox"/> Special Disabled Vietnam Era Veteran | Date of Discharge / / Month / Day / Year |
|---|---|--|

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|---|
| Do you have any disabilities which you believe would require accommodation in order for you to perform the essential functions of the job you are seeking? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| <i>If yes, please specify any reasonable accommodations needed:</i> |
| |
| |

I certify that I have read the information stated above and voluntarily provided information in the sections selected.

Signature

Date