



Enriching lives, in harmony with nature.

Kao Specialties Americas LLC 243 Woodbine Street PO Box 2316 High Point, NC 27261 USA

APPLICATION FOR EMPLOYMENT

(Employment Requires Drug Screen)

Information provided on this application form will be checked for accuracy. Use the 'TAB' key to move through the document. If you complete the form in hard copy, please print in ink or type.

KSA is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

GENERAL INFORMATION

| | | | | |
|-----------------------------------|--|--|------------------|----------------|
| Name (Last) | | (First) | (Middle Initial) | Home Telephone |
| Address (Current Mailing Address) | | (City) | (State) | (Zip) |
| E-Mail Address | | Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility.) Yes No | | |
| Are you over 18 years old? Yes No | | | | |

POSITION

| | | |
|---|---|---|
| Position or Type of Employment Desired | Will Accept: Part-Time Full-Time Temporary | Shift: Day (8 Hour) Day (10 Hour) Rotating (12 Hour) |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No | | |
| Salary Desired | Date Available | |

EDUCATION AND TRAINING High School, College, Graduate School, Military Training (Most recent first)

| High School Graduate Or General Education (GED) Test Passed? Yes No | | | | | | |
|---|------------------------------|-----------------------------|-----------------|-----------------|---------------|------------------|
| If no, list the highest grade completed | | | | | | |
| Name and Location | Dates Attended Month/Year | Credits Earned | | Graduate | Degree & Year | Major or Subject |
| | | Quarterly or Semester Hours | Other (Specify) | | | |
| | From | | | Yes | | |
| | To | | | No | | |
| | From | | | Yes | | |
| | To | | | No | | |
| | From | | | Yes | | |
| | To | | | No | | |
| | From | | | Yes | | |
| | To | | | No | | |
| Occupational License, Certificate or Registration | Number | Where Issued | | Expiration Date | | |

VETERAN INFORMATION

| | | |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

SPECIAL SKILLS (List all pertinent skills and/or equipment that you can operate)(Maximum 1000 characters)

| |
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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

| | | |
|---|-----------------------------|--------------------|
| Employer | Telephone Number | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 1000 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| Employer | Telephone Number | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 1000 characters) | | Hours Per Week |
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| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 1000 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |

Explain any gaps in your work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, and I authorize Kao Specialties Americas LLC to verify their accuracy and to obtain reference information on my work performance. I understand that North Carolina statute §1-539.12 provides immunity from civil liability to employers who disclose reference information to a prospective employer that they reasonably believe to be true, and I hereby release Kao Specialties Americas LLC from any/all liability of whatever kind and nature arising from its efforts to verify the accuracy of the information provided herein and to obtain references. I understand that if, after I am employed, it is determined that I made false or misleading statements of any kind, or that I omitted facts called for on this application, I may be discharged from employment.. I understand that any employment offered to me is for an indefinite duration and is "at will," and that either the Employer or I may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____