



# APPLICATION FOR EMPLOYMENT

An equal opportunity employer

PERSONAL										
FULL NAME		LAST		FIRST		MIDDLE		SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		NUMBER	STREET		CITY	STATE	ZIP		TELEPHONE - AREA CODE & NUMBER	
PERMANENT ADDRESS		NUMBER	STREET		CITY	STATE	ZIP		TELEPHONE - AREA CODE & NUMBER	
HAVE YOU EVER APPLIED TO OR INTERVIEWED WITH THIS FACILITY?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", LIST THE APPROXIMATE DATES.			
HAVE YOU EVER BEEN EMPLOYED AT THIS FACILITY?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", LIST THE APPROXIMATE DATES.			
HAVE YOU EVER PERFORMED WORK FOR THIS FACILITY AS AN INDIVIDUAL CONTRACTOR OR AN EMPLOYEE OF A CONTRACTOR?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF "YES", LIST THE COMPANY AND APPROXIMATE DATES.			
FOR REFERENCE PURPOSES -- IF YOU HAVE EVER USED ANOTHER NAME, STATE NAME AND DATES								REFERRED TO KRATON BY:		
IF YOU HAVE ANY WORK LOCATION RESTRICTIONS, EXPLAIN:										
ARE YOU A U.S. CITIZEN/NATIONAL OR OTHERWISE LEGALLY AUTHORIZED TO WORK IN THE U.S.?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS YOUR WORK AUTHORIZATION CURRENTLY LIMITED TO PRACTICAL TRAINING ONLY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)			
IF YES, EXPLAIN										
EMPLOYMENT INTERESTS										
TYPE OF EMPLOYMENT DESIRED					DATE AVAILABLE FOR EMPLOYMENT			EXPECTED DATE OF EMPLOYMENT DECISION		
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SUMMER							
BRIEFLY DESCRIBE THE TYPE OF WORK YOU DESIRE. INDICATE SPECIALTY AREAS OF TRAINING & EXPERIENCE.										
LIST COMPUTER SOFTWARE/EQUIPMENT WITH WHICH YOU ARE FAMILIAR.										
EDUCATION										
SCHOOL NAME	DATES ATTENDED				DEGREE GRANTED OR EXPECTED	DATE		GRADE POINT AVERAGE e.g., 3.2/4.0		
	FROM		TO			MO	YR.	MAJOR	OVERALL	
	MO	YR.	MO	YR.						
HIGH SCHOOL					DIPLOMA OR G.E.D. <input type="checkbox"/> YES <input type="checkbox"/> NO					
COLLEGE/UNIVERSITY					MAJOR SUBJECT			/	/	
								/	/	
OTHER								/	/	
SCHOLASTIC HONORS (FELLOWSHIPS, PRIZES, SCHOLARSHIPS, ETC.). EXPLAIN EACH.										
MASTER'S OR Ph.D. CANDIDATES										
THESIS SUBJECT(S)										

FACULTY ADVISOR	OTHER FACULTY FAMILIAR WITH YOUR WORK (NAME AND LOCATION)
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**ACTIVITIES (SCHOOL AND CIVIC)**

ORGANIZATIONS, ELECTIVE OFFICES, ATHLETIC PARTICIPATION, CURRENT HOBBIES, ETC.

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**EMPLOYMENT**

EMPLOYERS	DATES	FROM (MO. & YR.)	TO (MO. & YR.)	POSITIONS HELD (LIST JOB TITLE AND BRIEFLY DESCRIBE DUTIES)
1. CURRENT OR LAST EMPLOYER				
NO. STREET CITY STATE ZIP	REASON FOR LEAVING			
TELEPHONE - AREA CODE & NUMBER SUPERVISOR	FINAL SALARY			
2. PREVIOUS EMPLOYER				
NO. STREET CITY STATE ZIP	REASON FOR LEAVING			
TELEPHONE - AREA CODE & NUMBER SUPERVISOR	FINAL SALARY			
3. PREVIOUS EMPLOYER				
NO. STREET CITY STATE ZIP	REASON FOR LEAVING			
TELEPHONE - AREA CODE & NUMBER SUPERVISOR	FINAL SALARY			
4. PREVIOUS EMPLOYER				
NO. STREET CITY STATE ZIP	REASON FOR LEAVING			
TELEPHONE - AREA CODE & NUMBER SUPERVISOR	FINAL SALARY			

**ADDITIONAL INFORMATION**

MAY WE CALL YOUR CURRENT EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF "NO", WHEN MAY WE CALL?	WHEN REQUIRED BY THE JOB, ARE YOU WILLING TO WORK: WEEKENDS: <input type="checkbox"/> YES <input type="checkbox"/> NO    SHIFTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
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BRANCH OF U.S. MILITARY SERVICE	HIGHEST RANK	LENGTH OF ACTIVE SERVICE	"X" IF LEFT MILITARY SERVICE WITHIN THE LAST 2 YEARS. <input type="checkbox"/>	MILITARY OCCUPATIONAL SPECIALTY
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Do you or your spouse have any close relatives who are employed at this facility? For this purpose, a "close relative" shall include any of the following: spouse, father, mother, brother, sister, son, daughter, uncle, aunt, nephew, or niece; including in connection with each, "step", "in-law", or "half" relationships. If you answer yes, please identify.

YES     NO

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**CONDITIONS**

I authorize KRATON Polymers to verify all statements contained in this application for employment and to make any necessary reference checks except as limited above for current employer.

I understand that employment is contingent upon meeting the physical requirements of the job, and satisfactory results from drug and alcohol testing.

In the event of my employment, I understand my status is "at will" and can be terminated at any time. I will also furnish proof of my identity; proof of U.S. citizenship or other proof that I may legally accept such employment; proof of date of birth; military discharge forms; and appropriate academic transcripts. Also, I realize it will be necessary to sign an Employment Provisions form that includes statements on inventions, conflicts of interest, and confidential information.

I certify that all statements I have made in this application are true and agree that any misrepresentation or omissions of facts called for may result in cancellation of my application for employment or immediate dismissal.

SIGNATURE OF APPLICANT 		DATE
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**Computer-Related Experience (Describe all that apply)**

A. Using Computer Terminal: \_\_\_\_\_

B. Using Personal Computer: \_\_\_\_\_

C. Computer Process Control: \_\_\_\_\_

D. Other Computer Experience: \_\_\_\_\_

**Experience Working in Teams** (Self-directed Work Team(s), Problem Solving Team, Safety Team, Emergency Response Team, Goal Setting/Action Planning, Quality/Continuous Improvement Team, Other Team Involvement, etc.). Describe your involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education and Training** directly applicable to the work for which you are applying.  
*If the course was completed in High School, record HS instead of date completed.*

<b>Name of School/Company/Military/Other Organization</b>	<b>Course Name or Subject</b>	<b>Completed? (Yes /No)</b>	<b>If Yes, When? (Mo/Yr)</b>	<b>Grade (if Applicable)</b>

I certify that the information given above is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge.

\_\_\_\_\_  
(Signature)

*If you are using Google Mail, Yahoo Mail or another free email application, please save the document to your computer/desktop and email to [dover.employment@kraton.com](mailto:dover.employment@kraton.com). Please attach a resume if you have one.*

If you have Outlook email, please use the Submit via Email button ---->