



[www.innospec.com](http://www.innospec.com)

## Employment Application

Please return to [CareersUS@innospecinc.com](mailto:CareersUS@innospecinc.com)

Thank you for your interest in employment with Innospec Inc. ("Employer"), for the benefit of Innospec Inc., and any of its parents, subsidiaries, affiliates, successors, and assigns to or for which Employee provides services, including Employer (collectively the "Company"). Your skills, abilities, experience and education will be considered in a non-discriminatory manner for vacancies in the specific job you indicate. Selections will be made based on job-related qualifications. The information herein is regarded as confidential and is, together with all attached papers, the property of Innospec. Please complete this form fully, accurately, and honestly to show your qualifications for the specific job you seek.

### GENERAL INFORMATION

Please read carefully and print clearly. Any information submitted on this form may be subject to verification.

Last Name:		First Name:		Middle Name:	
Home Address:		City:	State:		Zip:
Mobile Number:		Email Address:			
Position(s) applying for:		Check availability for work: <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other Date available for employment: _____			
How did you learn of this job opening? <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Forum <input type="checkbox"/> Organization/Association _____ <input type="checkbox"/> Employee Referral (name): _____ <input type="checkbox"/> Other: _____					
Do you have any household members or relatives employed by Innospec? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give name(s) and work location(s): <i>NOTE: Answering "yes" does not disqualify you from being employed by Innospec Inc.</i> _____					
Are you legally authorized to work in the U.S. without sponsorship in the future? <input type="checkbox"/> YES <input type="checkbox"/> NO			Have you previously been employed by Innospec Inc. or any of its parents, subsidiaries, or affiliates? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Previous Employment _____ to _____		
<b>EDUCATION</b>		Check degree(s) received: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate			
If not applicable, write <b>N/A</b> .		Full Address	Year Start-End	Major	Degree Completed
High School or GED Institution*					Check one: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> None
College/Institution					<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctrine <input type="checkbox"/> Other <input type="checkbox"/> No degree
College/Institution					<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctrine <input type="checkbox"/> Other <input type="checkbox"/> No degree
<b>Note: Academic Diplomas or Degrees must be accredited by a U.S. recognized accrediting organization. Foreign academic degrees must be validated as equivalent to a U.S. degree by a U.S. institution. Transcripts and/or evaluation records must be furnished upon request.</b>					

### LICENSES, CERTIFICATIONS, AND SPECIALIZED SKILLS

Professional License/Certificate	State	No.	Issue Date	Expiration Date
Professional License/Certificate	State	No.	Issue Date	Expiration Date
Foreign Language(s) <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak		Foreign Language(s)		
List any specialized technical or computer skills, software, hardware, equipment, machines, etc. if job related.				

Initials \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below your employment history, beginning with your **most recent employer**. Account for all periods of time, including any periods of unemployment and the reasons thereof.

<b>1</b>	<b>Employer</b>	From (Mo/Yr.)	To (Mo/Yr)
	Address	Job Title	Last Salary
	Name/Title of Immediate Supervisor	Telephone	
	Reason for Leaving	Major Duties:	
<b>2</b>	<b>Employer</b>	From (Mo/Yr.)	To (Mo/Yr)
	Address	Job Title	Last Salary
	Name/Title of Immediate Supervisor	Telephone	
	Reason for Leaving	Major Duties:	
<b>3</b>	<b>Employer</b>	From (Mo/Yr.)	To (Mo/Yr)
	Address	Job Title	Last Salary
	Name/Title of Immediate Supervisor	Telephone	
	Reason for Leaving	Major Duties:	

**APPLICANT CERTIFICATION**

Please read carefully and sign in order to be considered for selection.

I acknowledge that the information I have provided in this Employment Application and all other information otherwise given by me is true, complete, and not misleading in any way. I understand that any false or misleading statement that is incorrect, incomplete, or untrue will be grounds for termination, at the discretion of the company if discovered at any date.

In the event that I am employed at Innospec Inc. ("Employer"), for the benefit of Innospec Inc., and any of its parents, subsidiaries, affiliates, successors, and assigns to or for which Employee provides services, including Employer (collectively the "Company"), I agree to comply with all rules, regulations and policies, as each may be amended or modified from time to time, and to participate in any training related thereto. I understand that certain of Innospec Inc. policies, including without limitation, its Code of Business Conduct and Ethics, its Conflicts of Interest and Confidentiality Policy and its Information Systems Security Policy, contain certain obligations that extend beyond termination of my employment, and I agree to comply with those policies both during the course of my employment and following termination of my employment with Innospec. I understand and agree that any offer of employment is contingent upon successfully passing a pre-employment drug test and physical pursuant to Company policy. I consent to, and understand that if I drive a company vehicle owned, leased or driven for company business, as an essential function of my job, my motor vehicle record will be subject to a check prior to employment and to random checks by the Company.

I hereby authorize my former employers, associates, educational institutions and references named in this Employment Application to give any and all information to Innospec Inc. upon its request regarding my criminal conviction history (including deferred adjudication), prior employment, education, certifications and licenses, and related qualifications for employment. I will not hold Innospec Inc. or any of its employees or agents, parties of such organizations or individuals employed by such organizations, liable for furnishing information and records or participating in related reference or background checks.

I understand that any employment offered by Innospec Inc. is at will and not contractual, is not guaranteed for any term, and may be terminated by Innospec or myself at any time for any reason. I also understand that no written contract of employment will be offered by Innospec Inc. to me except as authorized by appropriate Innospec officials and legal counsel.

My signature below certifies that I have read, understand and agree to the contents of this certification, and that a photocopy of this signed form can be used for the business purposes described above.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_