



**AN EQUAL
OPPORTUNITY
EMPLOYER**

APPLICATION FOR EMPLOYMENT

Please print all information in ink. Answer all questions fully.

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NO.
STREET ADDRESS		CITY / STATE / ZIP	TELEPHONE NO. ()

To your knowledge, are you related to anyone currently employed at Galata? If yes, please name the person:	If you are under age 18, do you have working paper? _____ Yes _____ No
Have you ever pleaded guilty or no lo contender to or been convicted of any crime other than a misdemeanor? (An affirmative answer will not necessarily disqualify you from employment.) If yes, please explain including dates:	Are you legally allowed to work in the United States? _____ Yes _____ No

Who referred you to Galata?	Minimum wage/salary requirements
For what position are you applying? _____ Full Time _____ Part Time _____ Temporary Position Title _____	Earliest date available
What type of work are you seeking? 1.	Are you willing to travel? What percent? _____ Yes _____ No _____ %
2.	Are you willing to relocate? _____ Yes _____ No

EDUCATION

TYPE OF SCHOOL	NAME CITY - STATE	MAJOR	DEGREE REC'D	YEAR COMPLETED
HIGH SCHOOL				
UNIVERSITY/ COLLEGE				
GRADUATE SCHOOL				
OTHER				

HONORS – CLASS OFFICES – SCHOLARSHIPS

PROFESSIONAL SOCIETIES – PROFESSIONAL CERTIFICATES OR LICENSES – SPECIALTY TRAINING PROGRAMS



EMPLOYMENT (INCLUDING MILITARY SERVICE)

Current or Last Employer

Is Resume Attached? Yes No

COMPANY NAME	COMPANY		NATURE OF BUSINESS		LAST POSITION TITLE	
COMPANY ADDRESS	STREET ADDRESS			CITY / STATE / ZIP		
DATES EMPLOYED	FROM (MM/YY)	TO (MM/YY)	STARTING SALARY / PER \$ PER	ENDING SALARY / PER \$ PER	SUPERVISOR'S NAME / PHONE NO.	
DUTIES/RESPONSIBILITIES					REASON FOR LEAVING	

Previous Employer

COMPANY NAME	COMPANY		NATURE OF BUSINESS		LAST POSITION TITLE	
COMPANY ADDRESS	STREET ADDRESS			CITY / STATE / ZIP		
DATES EMPLOYED	FROM (MM/YY)	TO (MM/YY)	STARTING SALARY / PER \$ PER	ENDING SALARY / PER \$ PER	SUPERVISOR'S NAME / PHONE NO.	
DUTIES/RESPONSIBILITIES					REASON FOR LEAVING	

Previous Employer

COMPANY NAME	COMPANY		NATURE OF BUSINESS		LAST POSITION TITLE	
COMPANY ADDRESS	STREET ADDRESS			CITY / STATE / ZIP		
DATES EMPLOYED	FROM (MM/YY)	TO (MM/YY)	STARTING SALARY / PER \$ PER	ENDING SALARY / PER \$ PER	SUPERVISOR'S NAME / PHONE NO.	
DUTIES/RESPONSIBILITIES					REASON FOR LEAVING	

If More Than Three Employers, List Others Below

EMPLOYMENT DATE		EMPLOYER NAME	POSITION TITLE	DUTIES
FROM	TO			
MM/YY	MM/YY			



Please provide three business references which we may call. This information will be treated as confidential information.

Reference # 1

NAME	COMPANY	TITLE
PHONE NO.	STREET ADDRESS	CITY / STATE / ZIP

Reference # 2

NAME	COMPANY	TITLE
PHONE NO.	STREET ADDRESS	CITY / STATE / ZIP

Reference # 3

NAME	COMPANY	TITLE
PHONE NO.	STREET ADDRESS	CITY / STATE / ZIP

PLEASE READ CAREFULLY BEFORE SIGNING

As a condition of employment Galata Chemicals, LLC, and in accordance with the provisions of the Immigrations Reform and Control Act of 1986, I understand that, if I am employed by Galata, within three days following the commencement of my employment, I will be required to provide documentation verifying my identity and eligibility to work in the United States.

Galata Chemicals, LLC is firmly committed to providing a safe working environment and recognizes its responsibility to seek all measures necessary to ensure the safe and efficient operations of its facilities. Chemtura, therefore, maintains a drug-free workplace. As a part of the recruiting process, I understand that I will be required to sign a written release and submit to a substance abuse screening examination. I also understand that I will be covered by Galata Chemicals, LLC's Drug and Alcohol Abuse Policy.

In an effort to provide employees with a drug-free workplace, Galata Chemicals LLC, including all U. S. subsidiaries (hereinafter Company), has adopted a Drug and Alcohol Awareness and Testing Policy. The policy provides for drug and alcohol testing of employees for cause, testing of employees who are involved in an on-the-job accident resulting in personal injury or property damage, and random drug and alcohol testing under certain circumstances. The policy further provides that all applicants with a conditional offer of employment must successfully pass a drug screening urinalysis test as part of their post-offer, pre-employment examination.

I will hold confidential both during and after my employment all manufacturing or trade secrets, as well as all business confidences, of my employer. Unless required by my employment, I will not copy any

papers or other records of my employer, whether prepared by me or others, not remove them from company property.

I understand that this employment application and any other documents, including policies, guidelines, procedures, benefits, handbooks and manuals, are not intended to create any contractual obligation which in any way conflicts with Galata's policy that the employment relationship between the Company and each employee is at will. Galata makes no representation that employment with the Company represents lifetime security or a guarantee of continued employment. An individual's employment may be discontinued with or without cause, at the Company, in its sole judgment, or at the option of the employee. I further understand, that any oral or written statements to the contrary are expressly disavowed and should not be relied upon.

I understand that any offer of employment extended as a result of this employment application is contingent upon successful completion of a pre-placement physical evaluation.

Galata reserves the right to make changes to its policies, practices, guidelines, handbooks, manuals, benefits or staffing levels at any time for any reason, both prospectively and retroactively, in its sole judgment.

I certify that the information I have provided in this application is true and complete to the best of my knowledge, and that no attempt has been made to conceal pertinent facts. I understand that all information is found to be false or misleading, this will be grounds for rejection of my employment application, or immediate dismissal if discovered at any time following employment.

Applicant's signature _____ Date _____

Employer Use

GALATA CHEMICALS, LLC IS AN EQUAL OPPORTUNITY EMPLOYER