



Dow Corning Corporation
U.S. Employment Application
 (form to be used for application to
 Dow Corning Corporation and subsidiaries)

Midland, Michigan 48686-0994
 Telephone 989 496-4000
 Fax 989 496-6109

PERSONAL DATA

Name (Last)	(First)	(Middle)	(Nickname)	Application Date	Today's Date
Present Address (Number)	(Street)	(City)	(State)	(Zip Code)	Phone Number
Permanent Address (Number)	(Street)	(City)	(State)	(Zip Code)	Alternate Phone Number
E-Mail Address	How did you hear about us?				
Are you a U.S. citizen, U.S. lawful permanent resident, asylee or refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the category of work authorization:					
Have you ever been convicted of any crime other than a routine traffic offense or are there any felony charges pending against you at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, indicate when and nature of offense:					
Have you ever been employed by Dow Corning or a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state where and dates:					
Salary range within which you would consider a position				per year	Date available for employment

EDUCATION

Educational Institutions Attended		Attended	Enrolled	Graduated	Major	Degree	Grade Point Ave. e.g. 2.9/4.0
Name	City, State						

List additional certifications:

U.S. MILITARY DATA (IF APPLICABLE)

From Mo.	From Yr.	To Mo.	To Yr.	Military Assignment and Type of Activity	Highest Rank and Special Training

WORK EXPERIENCE DURING THE LAST TEN YEARS

Start with last employer and attach a list of any additional employment as necessary.

Company Name		Job Title		From (Mo/Yr) / To (Mo/Yr)	
Address	Final Monthly Earnings	FT or PT	Name of Immediate Supervisor	Phone Number	
Responsibilities					
Reason for Leaving					

WORK EXPERIENCE DURING THE LAST TEN YEARS (continued)

Company Name			Job Title		From (Mo/Yr) / To (Mo/Yr)
Address		Final Monthly Earnings	FT or PT	Name of Immediate Supervisor	
Phone Number					
Responsibilities					
Reason for Leaving					
Company Name			Job Title		From (Mo/Yr) / To (Mo/Yr)
Address		Final Monthly Earnings	FT or PT	Name of Immediate Supervisor	
Phone Number					
Responsibilities					
Reason for Leaving					
Please provide additional information regarding your educational, professional and/or community experience that you feel would be helpful to us in considering your application (you can exclude all information indicative of age, sex, race, religion, color, national origin, and disability). Attach a list of additional information if necessary.					
Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what job and why?					

Certification and Agreement

Please read carefully:

In consideration of any employment that may be offered to me by Dow Corning Corporation, ***I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Dow Corning corporation or myself. Only the Chairman or President has the authority to change the above and the change must be in writing. I acknowledge that no oral representations or assurances of any kind changes this at-will employment relationship in any way.***

I understand that any position offered to me by Dow Corning Corporation is conditional upon my completion of a routine medical examination which will include passing the substance abuse screening.

I understand that it is customary for companies to investigate information furnished in employment applications and that my employment, at Dow Corning Corporation's option, may be contingent upon its accuracy. I, therefore, authorize investigation of all matters herein:

May we contact your present employer? (Please check one) Yes No Not Applicable

Authorization to Work: I agree that if I am selected for hire I will certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986 and other applicable laws. Yes No

Initial & Date

Limitations on Claims: I agree that any claim or suit against Dow Corning Corporation and/or its agents, including but not limited to claims related to my application, employment or separation from employment and claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other claims, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

Yes No

Initial & Date

Disability Accommodation: If I need an accommodation of a disability in order to perform the job for which I am applying or to complete the application process, I understand that Michigan law requires that I notify Dow Corning Corporation of this need in writing within 182 days after I knew or reasonably should have known of it.

Yes No

Initial & Date

Certification: I certify that all information on this application is accurate to the best of my knowledge. By submitting my electronic application, I acknowledge that I have been given adequate time to read, complete and review this Application, Certification and Agreement, and the Candidate Release Authorization. I also understand that a false, misleading or deliberately committed infraction in my application is justification for refusal or termination of employment at Dow Corning Corporation. I have submitted this Application and Certification and Agreement knowingly and voluntarily. Yes No

Initial & Date

I certify that all information on this application is accurate to the best of my knowledge. I also understand that false, misleading or deliberate omission of a statement in my application is justification for refusal of employment at Dow Corning Corporation.

Signature: _____ Date: _____

Any items on this form which you feel violate Federal or State civil rights legislation need not be completed. We hire only U.S. citizens and lawfully authorized alien workers. Applications to Dow Corning subsidiaries or other organizations are considered to be applications of these organizations exclusively and not applications of Dow Corning Corporation. Dow Corning Corporation and its subsidiaries are Equal Opportunity Employer's M/F/D/V



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PRINT CHARACTERS LIKE THIS
ABCDE 98765

CORRECT INCORRECT
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Signature:

Today's Date:

M Y C N D C C

For Office Use Only – Group ID (optional)

For Office Use Only – User ID (optional)

For Office Use Only – Location / Store # (optional)

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

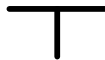
State

Zip Code

Driver's License Number (no dashes)

License State

Email Address



You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051

EXPORT CONTROL COMPLIANCE QUESTIONNAIRE

U.S. export control laws, including the Export Administration Regulations (“EAR”), International Traffic in Arms Regulations (“ITAR”) and Office of Foreign Assets Control (“OFAC”) regulations, require that Dow Corning Corporation obtain an export license prior to providing controlled technologies to certain foreign nationals.

The following questions are being asked to assess whether you are subject to these provisions and, if so, to determine your country of chargeability for export control screening purposes only. This information will not be used for any improper purpose.

1. ARE YOU ONE OF THE FOLLOWING:

- Citizen or National of the United States.
- U.S. Lawful Permanent Resident.
- Person granted Refugee status.
- Person granted Asylum.
- Temporary Resident (Granted under Amnesty or Special Agricultural Worker provisions. The term “Temporary Resident” does not include persons in nonimmigrant status such as H-1B, L-1, F-1, etc.)

Yes No

Important Note: If your answer to Question 1 above is “Yes,” please do not answer any of the following questions. Rather, go directly to the Signature Section at the end of this form.

If your answer to Question 1 is “No”, please proceed to Question 2.

2. *Please state your country of birth.*

3. *Have you ever acquired citizenship, nationality, or permanent resident status in a country other than your place of birth?*

Yes No

If “Yes”, please provide details (country(s), type of status, date of acquisition).

4. *Have you ever relinquished, abandoned, or lost citizenship, nationality or permanent residence in any country, including your country of birth?*

Yes No

If “Yes”, please provide details (country(s), status relinquished/abandoned/lost, date of relinquishment/abandonment/loss):

SIGNATURE SECTION

I understand that Dow Corning Corporation reserves the right to inquire further on any matter related to matters bearing on Dow Corning Corporation’s export compliance obligations. I certify that the foregoing answers are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Print Name: _____