

Venturi Technologies, Inc.

Application for Employment

Applying for: Full Time
 Part Time
 Seasonal

All statements and questions are to be completed; the answers will be confidential. Please be advised that Venturi Technologies, Inc. requires all new employees to pass a **criminal background check** and have a **drug test** with a negative result. A valid **Driver's License** is required for all positions requiring the operation of company vehicles.

1. PERSONAL INFORMATION

Full Name _____
 LAST FIRST INITIAL

Address _____
 STREET CITY STATE ZIP

Social Security Number _____ Home phone number _____

Other phone number where you could be reached _____

2. WORK EXPERIENCE

Give your full employment record - start with your current or most recent employment: (We will assume we have your permission to contact these firms unless you indicate to the contrary.)

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed: From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			

3. EDUCATION AND SKILLS

	Name of Institution	Courses Studied	Did you graduate?	Degree or Diploma Received
High School				
College				
Vocational or Technical				
Graduate Work				

Venturi Technologies, Inc.

4. SPECIAL INFORMATION – All Driving Positions

Drivers License Number _____ State Issuing License _____

List all traffic violations in past 3 years which resulted in a conviction, or a guilty plea.

List all at-fault traffic accidents in past 3 years.

Have you ever been convicted of a crime? No Yes

If Yes, please describe in full _____

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. - All circumstances will be considered)

Would you be willing to relocate? Yes No

5. REFERENCES

Give the names and addresses of persons who know you (not relatives) who we may contact regarding your work habits.

Name	Occupation
Relationship	Telephone Number ()
Name	Occupation
Relationship	Telephone Number ()
Name	Occupation
Relationship	Telephone Number ()

6. EMPLOYMENT DESIRED

Position being applied for: _____ When can you report to work? _____

If you are presently employed, may we contact employer? Yes No

What salary do you expect (approximate)? _____

Have you ever been employed by the company or its affiliates before? Yes No

If Yes, please complete the following:

Dates employed: _____ to _____

Department _____ Supervisor _____

Reason for termination of employment _____

Venturi Technologies, Inc.

PLEASE READ VERY CAREFULLY

In making this application for employment, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insured's, and its Agents which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application For Employment does not guarantee that I will be employed by this Company.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

SIGNED _____ **DATE** _____

ERS

EMPLOYERSRESEARCHSYSTEMS

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your EMPLOYMENT APPLICATION with Venturi. (Hereinafter referred to as company). We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position in which acceptance will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a Pre-Employment Background Report.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this company may now, or at any time while you are employed, administer a personality profile, conduct a verification of your education, previous employment/work history, credit history, contact personal references, require that you provide a urine specimen to be tested for the presence of drugs or alcohol, motor vehicle record, workers' compensation from the Department of Labor and/or the Workers' Compensation Commission, and to receive any criminal history record pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. In conformance with the Americans with Disabilities Act, I acknowledge with my signature that I have been offered a position, contingent upon a satisfactory background investigation, and therefore, workers compensation information obtained from the Department of Labor and/or the Workers Compensation Commission is hereby authorized. If blank, the obtaining of workers compensation information is not authorized. The results of this verification process will be used to determine employment eligibility under this Company's employment policies.

I authorize Employment Research Services and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I have read and understand this release and I authorize the background verification. I authorize persons, schools, and former employers, and other organizations and agencies to provide ERS with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, our agent, ERS, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the investigation

APPLICANT NAME (PRINTED): _____
(Last) (First) (Middle) (Maiden)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED WITHIN THE LAST 10 YEARS:

PLEASE LIST ALL OTHER STATES YOU HAVE LIVED IN WITHIN THE LAST 10 YEARS:

APPLICANTS SOCIAL SECURITY NUMBER: _____

APPLICANTS DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

APPLICANTS DATE OF BIRTH: _____

HAVE YOU EVER HELD A DRIVERS LICENSE IN ANOTHER STATE, IF SO, LIST THE STATE AND LICENSE NUMBER HERE: _____

APPLICANTS SIGNATURE: _____ DATE: _____

PLEASE PRINT CLEARLY AND LEGIBLY



IMPORTANT DISCLOSURE

Human Resource ProFile, Inc.
8506 Beechmont Ave.
Cincinnati, OH 45255-4708
800-969-4300 * 513/388-4300
Fax 513/388-4320

Please read before completing and signing the Applicant ProFile.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE EMPLOYER.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____ Date _____



PRE-EMPLOYMENT PROFILE

Must Be Fully Completed & Signed

Human Resource ProFile, Inc.
 8506 Beechmont Ave.
 Cincinnati, OH 45255-4708
 800-969-4300 * 513/388-4300
 Fax 513/388-4320

**** Please Print Clearly ****

APPLICANT INFORMATION

Name _____
 Last First MI Maiden
 Address _____ City/State _____ County _____ Zip _____
 Previous _____ City/State _____ County _____ Zip _____
 SS# _____ Driver's License Number _____
 Date of Birth ____/____/____ *Age is not a criterion in any decision, but is used for identification purposes ONLY.* Driver's License State of Issuance _____
 Month Day Year
 Professional license check information only: License # _____ State _____ Type _____

EDUCATIONAL BACKGROUND

College Attended _____ City/State _____ From _____ To _____
 High School Attd. _____ City/State _____ From _____ To _____
 Other School Attd. _____ City/State _____ From _____ To _____
 Degree(s) Earned _____ Degree(s) Earned at which school(s) _____
 List any former name(s) used at school _____ Are you a High School Graduate? _____
 If GED received, list state and district or military facility, and year received: _____

Have you ever pled guilty, been convicted, entered a plea of no contest, or had prosecution deferred or adjudication withheld for any crime? Yes _____ No _____

If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that a consumer report may be obtained on me for employment purposes. I hereby authorize the procurement of the report and authorize and direct the release to Human Resource ProFile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in state and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, and scholastic records and hereby release said persons, schools, companies, courts, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource ProFile, Inc. and reported to my prospective employer. I hereby acknowledge that Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile, Inc. to release any and all information to my prospective employer.

Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER

From _____ Location _____
 Date Sent _____ Time Sent _____ Acct # _____
 Phone _____ Fax _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Conviction History | <input type="checkbox"/> Credit | <input type="checkbox"/> MVR | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> OIG/GSA | <input type="checkbox"/> Violent Sex Offender |
| <input type="checkbox"/> Federal District | <input type="checkbox"/> Professional Licensure | <input type="checkbox"/> Special Request | |

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant with the disclosure form and obtained the applicant's consent to procure the report. HRP's two page applicant profile form complies with these requirements.