

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - M/F/V/H

EEO STMT	Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on job-related factors.			
INSTR.	Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, EXCEPT FOR SIGNATURE ON BACK OF APPLICATION. All information you give on this application will be held in strict confidence.			
PERSONAL DATA	Name _____ Social Security No. _____ - _____ - _____ Present address _____ Telephone No. _____ Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, can you furnish proof of eligibility to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
POSITION APPLIED FOR	Position(s) applied for _____ Rate of pay expected \$ _____ per week Are you seeking: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Specify days and hours if part-time _____ Will you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, shift preferred _____ If No, shift you will work _____ If your application is considered favorable, on what date will you be available for work? _____ Are there any other experiences, skills or qualifications which you feel are related to the job for which you are applying? _____			
EDUCATION	Name	Location	Years Comp	Major/Degree
	High School			
	College			
	Other School			
	Other Training or Skills			
	(Machines Operated, Special Courses, etc.)			
MILITARY	Were you in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what branch? _____ Dates of Duty: From (mo/day/year) _____ To (mo/day/year) _____ Rank at discharge _____ List duties in the service during special training: _____			
GENERAL	Were you ever employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Have you ever been convicted of any law violation? (except a minor traffic violation) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____ (A "yes" answer will not automatically disqualify you, since the nature of the offense, date, and the job for which you are applying will be considered.) Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No How were you referred to us? _____ For Driving Jobs Only Do you have a valid driver's license? Driver's license No. _____ State _____			

EMPLOYMENT HISTORY

Please list all employment, starting with present or most recent employer. Account for all periods, including unemployment and service with the U.S. Armed Forces. Use additional sheet if necessary.

Dates	Name/Address/Phone Number of Employer	Employment Type Permanent, Temp, Subcontractor	Job Title/ Name of Supervisor	Describe Major Duties	Wages	Reason For Leaving
From: _____ Month, Year To: _____ Month, Year					Starting: \$ _____ per ____ Finishing: \$ _____ per ____	
From: _____ Month, Year To: _____ Month, Year					Starting: \$ _____ per ____ Finishing: \$ _____ per ____	
From: _____ Month, Year To: _____ Month, Year					Starting: \$ _____ per ____ Finishing: \$ _____ per ____	
From: _____ Month, Year To: _____ Month, Year					Starting: \$ _____ per ____ Finishing: \$ _____ per ____	

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment for disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

Applicant's Signature: _____ Date: _____

IMPORTANT DISCLOSURE

FCRA Required Clear and Conspicuous Notice

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 AN "INVESTIGATIVE CONSUMER REPORT" WILL BE PREFORMED BY HUMAN RESOURCE PROFILE AND PROVIDE TO VALCO MELTON INC.

I FUTHER UNDETSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.

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

Signature _____ Date _____

Notice to California applicants: Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may on contain information on your character, general reputation, personal characteristics and mode of living.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HR ProFile during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the cost of duplication services, by appearing at HR ProFile in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in for file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine applicants only: By checking here, I indicate that I wish to receive a copy of any Report obtained by Valco Melton Inc from HR ProFile as well as the address and telephone number of said consumer reporting agency. (Check only if you wish to receive a copy)

New York applicants only: By checking here, I acknowledge that I have received the attached copy of Article 23A or New York's Correction Law and that I wish to receive a copy of any Report obtained by Valco Melton Inc. from HR ProFile as well as the address and telephone number of said consumer reporting agency.

Massachusetts, Minnesota, New Jersey & Oklahoma applicants only: I have the right to request a copy of any Report obtained by Valco Melton Inc. from HR ProFile by placing a checkmark here. (Check only if you wish to receive a copy)

Washington State & Oregon applicants only (as applicable): I further understand that Valco Melton Inc. will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless the information is substantially job related, and the reasons for using the information are disclosed to me in writing. Credit history information is considered for positions whose essential functions include access to confidential customer and/or company financial information.

INDIVIDUAL INFORMATION

SSN: _____ DOB: ____/____/____

SSN and DOB are not criteria in any decision, but are used for identification ONLY.

AUTHORIZATION

for Consumer and/or Investigative Consumer Report

Driver's License Number: _____ Driver's License State of Issuance: _____

Name: _____

List Former, Prior, Maiden Names:

Name: _____ Date Range using this name _____ to _____

Name: _____ Date Range using this name _____ to _____

Current Address: _____
Street Address _____ Date from _____ to _____

Previous Addresses for the past 7 Years:

Previous Address: _____ Date from _____ to _____

Previous Address: _____ Date from _____ to _____

Previous Address: _____ Date from _____ to _____

Previous Address: _____ Date from _____ to _____

I have been informed in writing that a consumer report or investigative 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 federal, state and local files for violations of any federal, state, local statutes or ordinances, my credit history, worker's compensation history, driving record, government agency lists, and scholastic records and herby release said persons, schools, companies, courts, agencies, 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 Valco Melton Inc. 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 Valco Melton Inc. from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to Valco Melton Inc. A facsimile or electronic copy with signature shall be considered as valid as the original.

Signature _____ Date _____

VALCO MELTON INC	ACCT.#VALCO-001	Package: 1 [M-Crim, Emp, MVR, WC] <input type="checkbox"/> 2 [add EDU] <input type="checkbox"/> 3 [add CRD] <input type="checkbox"/>
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