

# VENTURE PLASTICS, INC., OHIO OPERATIONS EMPLOYMENT APPLICATION

Venture Plastics, Inc. (the "Company") does not discriminate in hiring or employment on the basis of race, color, religion creed, national origin, sex, veteran status, disability, ancestry, age (forty or more), or other protected classification, as provided by applicable law. No question on this application is intended to secure information to be used for any unlawful purpose. Unless an applicant's background meets set hiring standards, the Company will not be able to offer or continue employment. If accommodations are needed to complete this application form or with any aspect of the hiring or employment process, please notify human resources.

## PERSONAL INFORMATION

Full Name (Last Name, First Name):			Today's Date: / /	
Street Address:		City:	State:	Zip Code:
Cell Phone #: ( ) -	Home Phone #: ( ) -	Email Address:		
Position Applying For:	Date You Are Available To Start: / /	Desired Salary or Hourly Rate: \$		
Do you know or are you related to anyone currently working here?* YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list name(s) below <small>*A "yes" answer will <b>not</b> disqualify you from consideration for employment.</small>				
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted of a felony or pled guilty or no contest or been on any form of felony deferred adjudication? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when _____ <small>Note: A "yes" answer may not disqualify you from consideration, but misleading or incomplete answers will.</small>				

## EDUCATION

	Name & Location of School	# of Years Attended	Did You Graduate?	Certificate, Diploma or Degree Received?
High School:			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
College/Trade/Business School:			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

## GENERAL INFORMATION (PLEASE BE SPECIFIC)

Special Training as it relates to the position for which you are applying:
Special Skills relevant to the position for which you are applying:

## REFERENCES (LIST TWO BUSINESS OR WORK REFERENCES WHO ARE NOT A RELATIVE OR PREVIOUS SUPERVISOR)

Full Name (Last Name, First Name):	Relationship:	Years Known:	Telephone #:	E-mail Address:
Full Name (Last Name, First Name):	Relationship:	Years Known:	Telephone #:	E-mail Address:

## WORK HISTORY (LIST LAST TWO EMPLOYERS (BEGINNING WITH MOST RECENT))

Company:	Phone :		
Address:	Supervisor:		
Job Title:	Starting Rate: \$	Ending Rate: \$	
Job Duties:			
From:	To:	Reason for Leaving:	
May we contact this employer for reference purposes?:		YES <input type="checkbox"/> NO <input type="checkbox"/>	

WORK HISTORY CONTINUED		
Company:	Phone :	
Address:	Supervisor:	
Job Title:	Starting Rate: \$	Ending Rate: \$
Job Duties:		
From:	To:	Reason for Leaving:
May we contact this employer for reference purposes?:		YES <input type="checkbox"/> NO <input type="checkbox"/>

**AUTHORIZATION**

*My signature below will certify that all information provided by me on this application for employment with Venture Plastics, Inc. (Company) is true and correct to the best of my knowledge and I confirm that I have not withheld any relevant information. I understand that the Company relies upon the information I have provided when making its employment decisions and I authorize the Company to investigate all information I have provided/contained herein. I understand and agree that any misrepresentation of such provided information will be sufficient cause for cancellation of any offer of employment and/or separation from employment with the Company if such misrepresentation of information is discovered at any time after employment with the Company begins. **I consent to a pre-employment drug screen, at the Company's expense, by an appointed medical physician and I hereby authorize the appointed medical physician to furnish information to the Company as it relates to the drug screen results.** I hereby authorize the Company to contact all prior or current employers, individuals and educational institutions (as specified by me on this application) for reference purposes and release same from any and all liability as it relates to responding to or verifying the information provided by me. Additionally, I authorize the Company and its Human Resources representatives to supply the contents of this application, in whole or in part, to any Company agent, government agency, or other party with legal or proper interest, and release the Company and its Human Resources representatives from any liability whatsoever for supplying such information provided by me. I understand and agree that nothing contained in this application shall constitute a contract or guarantee of employment and that if offered, employment with the Company will at all times remain "at will". I understand that any oral statements made to the contrary are not authorized by the Company and should not be relied upon by me. I hereby acknowledge that I have read and understand the content of this application, any questions I have regarding the same have been asked by me and sufficiently answered and that my signature on this application is completely voluntary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_