

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle

Present Address: \_\_\_\_\_  
 Street City State Zip

Permanent Address: \_\_\_\_\_  
 Street City State Zip

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Are you 18 years or older?  Yes  No

If you are not an United States Citizen, do you have an UN-expired INS Employment Authorization Permit to work? (VISA)  No  Yes

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Salary Desired \_\_\_\_\_/per hour

How did you hear about the position?  Walk in  Referral (Name) \_\_\_\_\_  
 Advertisement  Other (Please Explain) \_\_\_\_\_

What shift do you prefer?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Hours available to work? \_\_\_\_\_

Are you currently employed?  Yes  No If "Yes", can we inquire of you present employer?  Yes  No

Have you ever applied to this company before?  Yes  No If so, when? \_\_\_\_\_

**EDUCATION**

Education	Name Location of School	Number of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

**GENERAL**

Have you ever been convicted of a Felony? Yes No If so please explain: \_\_\_\_\_

Experience and Special Skills: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

*\*The age discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.*

**WORK HISTORY**

Please list below your last 4 employers starting with the most recent.

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From: To: Phone #				
From: To: Phone #				
From: To: Phone #				
From: To: Phone #				

**PERSONAL REFERENCES**

Name	Address	Business	Years Acquainted	Phone Number
1.				
2.				
3.				

In case of emergency notify:

Name	Relationship	Address	Phone #

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of payment of my wages and salary, be terminated at any time without any prior notice.

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

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

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

*\*The age discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.*

## CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, \_\_\_\_\_, (applicant or employee name), as an employee/applicant of EEI, hereby acknowledge that EEI's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release EEI, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the Medical Review Officer (MRO), and/or to the EEI's examining physician, as provided by the EEI's Policy.

I further acknowledge that EEI has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: \_\_\_\_\_

Employee/Applicant Printed Name: \_\_\_\_\_

Signature of Witness Signature \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Date of Signatures: \_\_\_\_\_



**IMPORTANT  
DISCLOSURE**  
FCRA Required  
Clear and Conspicuous Notice

**Please read before completing and signing the Employment ProFile form.**

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/CURRENT EMPLOYER.

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

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



# EMPLOYMENT PROFILE

## Authorization Form to 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 \*\*\*\*\*

### INDIVIDUAL INFORMATION

Name \_\_\_\_\_  
 Last First MI Maiden  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Previous \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ 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: Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

### SCHOOLS ATTENDED

School Name	City / State Campus / Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
<b>High School:</b>				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
<b>College:</b>	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:	Name used at time of graduation or final attendance:			
<b>Grad./Tech./Other:</b>	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:	Name used at time of graduation or final attendance:			

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), 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 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, workers' compensation history, driving record, government agency lists, and scholastic records and hereby 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 my prospective/current 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/current 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/current employer.

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

### TO BE COMPLETED BY: Environmental Enterprises

Date Sent: \_\_\_\_\_ From: Barb Curnutte Acct # ENENI-001  
 Time Sent: \_\_\_\_\_ Phone: 513-782-8959 Fax: web back

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> Conviction History | <input type="checkbox"/> Credit                           | <input checked="" type="checkbox"/> MVR        | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> Employment History            | <input checked="" type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Federal Exclusion     | <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/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two page authorization profile forms complies with these requirements.

# ENVIRONMENTAL ENTERPRISES, INC. EEO DATA FORM

To The Applicant:

Environmental Enterprises is an EEO employer. We treat all applicants and employees equally without regard to race, creed, color, national origin, religion, age, sex, marital, disability, veteran, or any other protected status required by law. As a part of our commitment to equal opportunity, we comply with federal, state and local laws, regulations, and ordinances. To satisfy Affirmative Action and government reporting requirements, we must attempt to collect data for classification of applicants by sex, ethnicity, and other protected status.

Please fill out the section listing your name, address and telephone. Also tell us how you discovered our potential job opening. The questions in the box at the bottom of this page are entirely voluntary. If you choose to supply this information, it will be considered confidential and used only to satisfy government requirements. If you choose not to fill out this part, it will not affect any hiring or employment decisions.

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Telephone:** \_\_\_\_\_  
Daytime number Evening Number Other number

**Social Security Number:** \_\_\_\_\_

## VOLUNTARY INFORMATION SECTION

**Sex:**  Male  Female **Age:**  40 or Older  Under 40

**Veterans Status:**  Vietnam Era Veteran  Disabled Veteran  
 Other eligible Veteran (i.e. Veterans who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.)

**Disability Status:**  Disabled  Not Disabled

### Ethnicity – Check One:

Black  American Indian/Alaskan Native  White  
 Two or More Races (Not Hispanic or Latino)  Asian/Pacific Islander  
 Hispanic  Other \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US:

EEI Employee  Walk-In  
 Advertisement  Employment Agency  
 Friend/Relative  Government Agency  
 Other – Please Explain \_\_\_\_\_

## FOR OFFICE USE ONLY

### ALL INFORMATION MUST BE COMPLETED BY PERSON ACCEPTING APPLICATION

A. Location Accepting Application \_\_\_\_\_  
B. Vacancy Applied for (Job Title) \_\_\_\_\_  
C. Was the Position Open at Time of Application  Yes  No  
D.  No Offer Made  Offer Refused  Offer Withdrawn-Failed Pre-Employment Drug Screen  
 Hired (File separately from employee file.)

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Signature of Person Completing this Form: \_\_\_\_\_