

**Verantis Corporation
303 South Center
Lagrange, OH 44050**

APPLICATION FOR EMPLOYMENT

PLEASE FAX YOUR COMPLETED APPLICATION TO 440-355-6439

Qualified applicants are considered for all positions without discrimination based upon race, color, religion, sex, national origin, age, marital status or disability.

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Position Applied For:			Social Security Number
Have you previously applied for a position with this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you over 18?
If Yes, When?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Available for Work
If Yes, When?			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to anyone currently working for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please list Name and Relationship:			
Referral Source			

Are you able to perform all of the essential duties of the job for which you are applying? Yes No

If No, please explain _____

Have you been convicted of a felony? * Yes No If Yes, describe in full, including dates:

* An applicant must answer this question unless the record has been expunged (sealed) pursuant to 82953.31 es seq of the Ohio Revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position for which the applicant has applied.

EMPLOYMENT

(Please start with your present or most recent employer first.)

Company Name	Telephone ()
Address	Employed-(month/year) From To
Name of Supervisor	Compensation Start Last
Job Title and Description of Work Performed	Reason for Leaving
<hr/>	
Company Name	Telephone ()
Address	Employed-(month/year) From To
Name of Supervisor	Compensation Start Last
Job Title and Description of Work Performed	Reason for Leaving
<hr/>	
Company Name	Telephone ()
Address	Employed-(month/year) From To
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<hr/>	
Company Name	Telephone ()
Address	Employed-(month/year) From To
Name of Supervisor	Compensation Start Last
Job Title and Description of Work Performed	Reason for Leaving

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma?
Elementary					
High School					
College					
Graduate					

List scholastic achievements, organizations, internships or additional coursework:

SKILLS/AREAS OF EXPERTISE:

(computer skills, office machines or other equipment, certifications, licenses etc.)

Membership in Professional or Civic Organizations:

(exclude those which may disclose race, color, religion, sex, national origin, age, marital status or disability)

MILITARY SERVICE

BRANCH:	RANK:	FROM:	TO:
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REFERENCES:

Please provide the names, addresses and telephone numbers of two persons not related to you who can provide information about your qualifications for a position here.

NAME/TITLE	ADDRESS	TELEPHONE #	LENGTH OF TIME

Please Read Carefully Before Signing

I certify that the information given in this application is true and recognize I understand that an investigation may be made and hereby agree to authorize all persons, schools, companies, consumer reporting agencies and other organizations to supply any accurate information concerning my background. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning by previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. I further realize that I may, within a reasonable time, request information concerning the nature and scope of this report.

I understand that Verantis Corporation is a Drug Free Workplace and, as a condition of employment, I must submit to a pre-employment medical examination, which will include a urine test for illegal drug use.

Date

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Status: _____

Interviewed by: _____

Application information checked by: _____ Date: _____