



# PRE-EMPLOYMENT PROFILE

Must Be Fully Completed & Signed

\*\*\*\* Please Print Clearly \*\*\*\*

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

## APPLICANT INFORMATION

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Previous \_\_\_\_\_ City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 SS# \_\_\_\_\_ Email: \_\_\_\_\_ Driver License Number \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age is not a criterion in any decision, but is used for identification purposes ONLY. Driver License State of Issuance \_\_\_\_\_  
MO DAY YR  
 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 \_\_\_\_\_ Are you a High School Graduate?  Yes  No  
 If GED received, list state and district, 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 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 Resources 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: Revere Plastics Systems, LLC

From: Jeanne Vanyo-Bowman  
 Date Sent \_\_\_\_\_ Time Sent \_\_\_\_\_ Acct # **REVRE-001**  
 Phone: **419-547-1866** Fax: **419-547-6828**  
 Conviction History  Credit  MVR  Education Verification  
 Employment History  Workers' Compensation  OIG/GSA  Violent Sex Offender  
 Federal District  Professional Licensure  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.



# APPLICATION FOR EMPLOYMENT

Position applied for: \_\_\_\_\_

Midnights

Days

Afternoons

Any

Would you accept full-time work?  Yes  No

Would you accept part-time work?  Yes  No

Would you work overtime if asked?  Yes  No

Have you ever previously worked at **Wollin Products, Titan Plastics** or **Revere Plastics Systems**?  Yes  No

If yes, please give the approximate dates when you worked here: \_\_\_\_\_

## PERSONAL REFERENCES

List persons other than family members or previous employers:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## PREVIOUS EMPLOYERS AND THEIR ADDRESSES

Place a  by the employer(s) you do not want us to contact. List the most recent employer first:

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage \_\_\_\_\_

By signing this application for Employment, I specifically authorize all those named above as References and Employers to release any and all requested information to Revere Plastics Systems, and I release them from any and all claims and liabilities in connection with the release of that information. A copy of this Application and of my signature shall be sufficient for these purposes.

I certify that all the information submitted by me on this Application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated.

In consideration of my employment, I agree to conform to the Company's Rules and Regulations. I understand that nothing contained in this Employment Application or in the granting of an interview is intended to create a contract between me and the company for either employment or the provision of any benefits; and further understand that if any employment relationship is established, I will have the right to terminate my employment at any time and the Company will have a similar right.

I understand that the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

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

## Voluntary Applicant Data Record

This company is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color, creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

NAME

### Please Specify Your Sex

Check One

Male

Female

I choose not to disclose

### Spanish/Hispanic/Latino

Check One

No

Yes

I choose not to disclose

### Please Specify Your Race

Check all that apply

White

African American or Black

American Indian or Alaskan Native

Asian

Native Hawaiian or Pacific Islander

OR

I choose not to disclose