

Venture Productions, Inc.
11516 St. Rt. 41, West Union, Ohio
937-544-2823 FAX 937-544-7213

Application for Employment

We are an equal opportunity employer. Any information solicited by this application is not to be construed as a solicitation of information to render a decision based upon race, color, religion, age, sex, national origin or ancestry of any person, but is only to be used in determining the applicant's ability to meet the job criteria and perform the job satisfactorily.

Instructions:

1. It is important to answer all questions fully and accurately.
2. If an item does not apply to you, please write in the letter N/A for "not applicable"
3. Applications will remain on file for two years

Date _____ Social Security Number _____

Name(Last) _____ (First) _____ (Middle) _____

Permanent Address:

Temporary Address (until date _____)

Home Phone _____ Cell Phone _____

Date Available for Employment _____

Are you and American Citizen _____

Presently a member of the National Guard or Reserve _____ Date obligation ends _____

Military Service _____ Discharge Date _____

Are you 18 years of age or older? _____

Type of classified employment desired:

_____ Workshop Specialist _____ Bus Driver _____ Sub _____ Homemaker P/C

_____ Janitorial _____ Cook _____ Secretary _____ Educational Aid

Do you have a Valid Driver's License? _____

Do you have a CDL passenger License? _____

If a full time position is not available in any of the above classified areas, are you interested in being a substitute? _____

(Applicants who are called for substitute work and who regularly fail to respond will be removed from the substitute list)

Have you lived outside of Ohio in the last 5 years? Yes No

Employment Experience: List all full-time employment in chronological order, with present employment first. (Use additional pages as necessary)

Name/ Address of Employer _____

Duties _____

Date Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/ Address of Employer _____

Duties _____

Date Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/ Address of Employer _____

Duties _____

Date Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Name/ Address of Employer _____

Duties _____

Date Employed: From _____ to _____ Years: _____ Months: _____

Name of Supervisor: _____ Phone: _____

Approximate Annual Salary: _____

Reason for Leaving: _____

Do you have more than 4 points on your driver's license? _____

Please state the name and relationship of any relatives in our employment. _____

Do you require any reasonable accommodations to perform the job? _____

References: Please list the name, position, and phone number of three individuals by whom you would like a reference given. These should not be relatives or neighbors, but professional members of the community.

A. _____ Phone: _____
Occupation: _____

B. _____ Phone: _____
Occupation: _____

C. _____ Phone: _____
Occupation: _____

Education:

High School: _____ Location: _____

Please attach copy of Diploma. High School Diploma or equivalent is required for Employment.

School or College Date	Location	Date attended	Degree and
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach original Transcripts

Special Training, knowledge, certificates, permits, etc.:

CPR current _____ Microsoft Excel _____ Microsoft Word _____

First Aid current _____ Computer troubleshooting _____

Behavior Support _____ Other _____

Any other information you may consider pertinent to your application.

Please Read Carefully Before Signing:

The information as submitted on this application is accurate to the best of my knowledge. I understand that falsification of any information submitted on this application shall be cause for dismissal from service. If selected for employment a BCI and/Or FBI will be completed before hired.

Signature of Applicant _____ Date _____