

879 Technology Way • Libertyville IL 60048 careers@valentbiosciences.com

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EMPLOYMENT APPLICATION

PERSONAL INFORMAT	ION				
Name (Last, First, MI)				Home Teler	phone #
Other Name(s) Used				Business or	Message #
Address (Including City, Sta	ate and Zip Code)				
Email Address					
Position Applied For			Referred By	Salary Desi	red
If applying for production positi ☐ 1st Shift ☐ 2nd Shift		_	nift □ Weeker	nd Shift	
Are you at least 18 years o	fage? Yes □ No □		If under 18, do Yes □ No □	you have a wo	k permit?
Are you legally eligible to w	ork in the US? Yes ☐ No [☐ (Proof of identity and eli	igibility will be requi	red upon employ	ment.)
EDUCATION					
Mark Highest Grade Comp	leted: High School College, Vocati Graduate Studi		9 1 1 2	0 11 2 3	12 4
Name of School	Address	Major Studies		, Diploma, or Certificate	Date Graduated
High School					N/A
College/University					
College/University					
Other					
Professional memberships / corigin).	lesignations / certifications (excluding those which m	ay disclose your r	ace, religion, or	national
Any special knowledge, ski etc)	lls, training, qualifications (i	i.e., foreign language skil	lls, computer hard	lware or softwa	re,

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, *but not in place of completing the required information*.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for leaving	
Duties and Respons	sibilities	1	
Employed From	Employer Name	Cuparijaar Nama	Ctarting Colons
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for leaving	
Duties and Respons	sibilities		
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for leaving	
Duties and Respons	sibilities		
Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until	Employer Address	Supervisor Phone #	Ending Salary
Job Title	L	Reason for leaving	L
Duties and Respons	sibilities		

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Application Date: 4/26/17

List three references that	at we may contact			
Name	Relationship	Phone	E-mail	Years Known
Name	Relationship	Phone	E-mail	Years Known
Name	Relationship	Phone	E-mail	Years Known
May we contact your curre	nt employer? (If no, please e:	xplain) Yes		<u> </u>
GENERAL INFORM	ATION			
f yes, please explain:	charged from any employ to work overtime? (If no, p			
•	ssential functions of the p	. , _	are applying, with or witho	out reasonable
				without regard to race, color, I disability, medical condition.
igion, ancestry, sex, se egnancy, childbirth, me	exual orientation, marital	status, age, national pregnancy or child	origin, physical or menta	without regard to race, color, I disability, medical condition, etic information or any other
igion, ancestry, sex, se egnancy, childbirth, me nsideration made unlaw	exual orientation, marital edical condition related to full by federal, state or loc	status, age, national pregnancy or child	origin, physical or menta	I disability, medical condition,
igion, ancestry, sex, se egnancy, childbirth, me nsideration made unlaw CERTIFICATION & A	exual orientation, marital adical condition related to a full by federal, state or local to a full by federal, state or local to a full by federal advantage of the f	status, age, national pregnancy or child cal laws.	origin, physical or menta birth, veteran status, gen	I disability, medical condition,
igion, ancestry, sex, segnancy, childbirth, mensideration made unlaw CERTIFICATION & ACCEPTIFICATION &	exual orientation, marital adical condition related to a full by federal, state or local to a full by federal, state or local to a full by federal and the full by federal and the full by federal and full by	status, age, national pregnancy or child cal laws. this application is truer the integrity of this at, I will be required	e and complete to the beapplication.	I disability, medical condition, etic information or any other
gion, ancestry, sex, segnancy, childbirth, mensideration made unlaw certify that all information withheld nothing the understand that as a screening. I understand in compliance with the documentation to the content of the compliance with the documentation to the content of the compliance with the documentation to the content of the compliance with the documentation to the content of the compliance with the documentation to the content of	AUTHORIZATION ation provided by me on that, if disclosed, would alto condition of employment that the offer of employment in that the offer of employment in that the offer of employment is incompleted in the condition of employment in the offer of employment in t	this application is truer the integrity of this application is truer the integrity of this at the integrity of the act will be withdrawn at Control Act of 198 ight to work in the User the User the User the Integrity of the	e and complete to the beapplication. to complete a pre-emplor if I test positive for drugs 6, I understand that I annited States on the first data	I disability, medical condition, etic information or any other est of my knowledge and that byment background check & or fail the background check.
certify that all informations are withheld nothing the understand that as a screening. I understand in compliance with the documentation to the coreceive from the compart further understand the which includes provisions assignment to Eaton of the eaton	AUTHORIZATION ation provided by me on that, if disclosed, would alto a condition of employment that the offer of employment that the offer of employment a list of the approved contact as a condition of employment as a	this application is truer the integrity of this application is truer the integrity of this at the integrity of information and integrity of information in the integrity of integrity of integrity of information in the integrity of information in	e and complete to the beapplication. to complete a pre-emplor if I test positive for drugs 6, I understand that I annited States on the first dequired. required to sign an Emplon owned by or entrus	I disability, medical condition, etic information or any other est of my knowledge and that byment background check & condition, and the condition of the condi
certify that all informations are withheld nothing the understand that as a screening. I understand the documentation to the coreceive from the comparation of my employment of my employment relationsh	AUTHORIZATION ation provided by me on that, if disclosed, would alto a condition of employment that the offer of employment at the approved company that verifies my runy a list of the approved contact as a condition of employment at this company that this company that this company that any time, with one of the confiction of the co	this application is truer the integrity of this application is truer the integrity of this at, I will be required the integrity of the will be withdrawn at Control Act of 198 ight to work in the Urdocuments that are reployment, I will be a ployment, I will be a pl	e and complete to the beapplication. to complete a pre-emplor if I test positive for drugs 6, I understand that I annited States on the first dequired. required to sign an Emplon owned by or entrustments & expressions of means that either I or the beautiful or the property of the pro	I disability, medical condition, etic information or any other est of my knowledge and that by ment background check. Or fail the background check. In required to provide approve ay of employment. If hired, I we love Confidentiality Agreement to Eaton, and requiring ideas made by me during this company can terminate not prohibited by statute.
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