

**Charah, Inc.**  
 Unit M, Suite 100 - 307 Townepark Circle - Louisville, KY 40243  
 Phone 502-245-1353 - Fax 502-245-7398  
 (An Equal Opportunity Employer)

**APPLICATION FOR EMPLOYMENT**

Last Name \_\_\_\_\_ First & Middle Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
 County of Residence \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

What special qualifications do you have? \_\_\_\_\_

What machines/machinery can you operate? \_\_\_\_\_

Are you willing to relocate? Yes \_\_\_ No \_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.)

Are you a citizen of U.S.? Yes \_\_\_ No \_\_\_

If not, do you have necessary documentation permitting you to work in U.S.? Yes \_\_\_ No \_\_\_

**Military Service Record:**

Armed Forces Service: Yes \_\_\_ No \_\_\_ If yes, please answer the following:

Date of service: From \_\_\_\_\_ to \_\_\_\_\_; Branch of service: \_\_\_\_\_;

Duties: \_\_\_\_\_;

Rank/rating at time of enlistment: \_\_\_\_\_ Rating at time of discharge: \_\_\_\_\_.

**Education:**

School	#yrs attended	School name/location	Major	Graduate?
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Experience:**

Name/location of previous employer	Dates: from/to	Duties/responsibilities	Final salary	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**References:**

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Charah, Inc.**

Unit M, Suite 100 ~ 307 Townepark Circle ~ Louisville, KY 40243  
Phone 502-245-1353 ~ Fax 502-245-7398  
(An Equal Opportunity Employer)

**RECORD OF CONVICTION:**

During the last five years, have you ever been convicted of a crime other than minor traffic offense?

Yes  No

If yes, please explain:

---

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**Applicant Statement:** I understand that in the event of employment, I will be an employee-at-will (unless otherwise provided by contract or in writing). By this status, I may terminate my employment at any time with or without notice. Charah may terminate my employment at any time with or without notice for any reason without liability for any additional wages except those earned at the date of such termination. The information provided on this application is accurate to the best of my knowledge. I understand that any false or misleading information given in this application (or interview) may be justification for refusal of employment or if employed, termination from employment.

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

## AUTHORIZATION AND DISCLOSURE

I authorize Charah Inc. and Validex Employment Screening ("Validex") to conduct, prior to or after employment begins, a background investigation. I understand that an investigative consumer report may be requested, which may contain information pertaining to my character, general reputation, personal characteristics, and mode of living obtained through personal interviews.

I knowingly authorize and request any federal or state agency, local agency, college university, former employer, or other persons to provide information or records they may have concerning my military records, character, employment, credit history, criminal history, motor vehicle history, drug test results, academic records, licenses and certifications, or any other information requested by Validex. I acknowledge that the reports may contain any of the above information.

I understand that Validex is a consumer reporting agency and that while reports are written in plain language, Validex will provide a written explanation of any questions I may have concerning my report.

I understand that any Consumer Report or Investigative Consumer Report will be used only for permissible purposes under the Fair Credit Reporting Act. Those purposes are evaluation for employment, promotion, reassignment or retention as an employee. Also, I understand that upon a conditional offer of employment, the report may include medical inquiries and workers' compensation history in compliance with the ADA.

I understand that I have the right to request from Validex, upon proper identification, the nature and scope of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Validex has previously furnished within the two year period preceding my request. Validex may be contacted at 324 W. Ninth St., Cincinnati, OH 45202 or at (800) 362-3201.

I understand that Charah Inc. and Validex cannot guarantee the accuracy of any information reported to it by third parties, and I release Charah Inc. and Validex from liability for damages that arise from errors or omissions in my background investigation and consumer report.

\_\_\_\_\_

Print Name	Signature	Date
------------	-----------	------

- If you are a current resident of California, Oklahoma, or Minnesota and would like to receive a copy of your Consumer Report or Investigative Consumer Report, please check this box.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

County/Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued \_\_\_\_\_

Other Names Used (including maiden) \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

- Date of Birth is requested only to ensure accuracy of records.

**Specific state requirements:**

**California:** A file maintained by Validex, LLC, on you, shall be available for visual inspection, upon furnishing proper identification and payment of the costs of duplication, in person, by mail, or you may receive a summary of your file by telephone. Trained personnel shall be available during normal business hours, to explain any information furnished. A written explanation of any coded information will be provided. If you appear in person, you may be accompanied by one other person, provided that person has proper identification.

**Maine:** An investigative consumer report which may include information as to your character, general reputation, personal characteristics and mode of living, whichever is applicable may be made. You may request and receive from the person who intends to obtain such a report, within 5 business days of that person's receipt of his request, the name, address and telephone number of the nearest unit designated to handle inquiries of each consumer reporting agency issuing an investigative consumer report about you. You may request and promptly received from all such consumer reporting agencies copies of any such investigative consumer report.

**New York:** An investigative consumer report may be requested on you. Upon written request you have the right to be informed whether an investigative consumer report was requested and the name and address of the consumer reporting agency to whom the request was made. You may inspect and receive a copy of such report by contacting such agency.

