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## EDUCATION

### HIGH SCHOOL

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No  GEDWhat was your course of study?  Academic  Business  Trade or Technical  Other \_\_\_\_\_

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### COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No  G.P.A. \_\_\_\_\_

What was your major? \_\_\_\_\_ Degree: \_\_\_\_\_

Did you enroll in a post-graduate course of education?  Yes  No If "Yes", what was your post-graduate field of study? \_\_\_\_\_ Degree: \_\_\_\_\_

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### Trade, Business or Correspondence School

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No

What was your course of training or study? \_\_\_\_\_

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## SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired.

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If computer skills are required for the job position you have applied for, please check the boxes that apply to your experience:

 PC  Mac  Both. Software applications:  Word Processing  Accounting  Data Processing  
 Graphics  Presentation  E-mail  Internet  Other \_\_\_\_\_

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## FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  WriteLanguage: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  Write

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**PRIOR EMPLOYMENT**

*(Start with most recent employer)*

Employer:	Phone: (     )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			

Employer:	Phone: (     )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			

Employer:	Phone: (     )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			

Employer:	Phone: (     )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
Reason for leaving:			

**MILITARY SERVICE**

Were you a member of the U.S. Armed Forces?  Yes  No. Branch: \_\_\_\_\_

Describe briefly your military duties: \_\_\_\_\_

Years served: \_\_\_\_\_. Rank at discharge: \_\_\_\_\_

**PERSONAL REFERENCES**

List three personal references. *(exclude relatives or former employers).*

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

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Signature of Applicant

Date

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DO NOT WRITE BELOW THIS LINE

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### NOTES

**THE CENTER FOR HUMAN SERVICES  
PRE-EMPLOYMENT INQUIRY RELEASE**

In connection with my employment (including full-time regular, part-time, seasonal, temporary and contract employment) with The Center for Human Services, I understand that investigative background inquiries will be made about me, including criminal, driving, character, educational qualifications and other reports. These reports will include information about character, work habits, prior job performance and experience, along with the reasons for the termination of my prior employment from previous employers and other individuals who possess relevant information about my suitability of employment with The Center for Human Services. I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences.

**The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.**

**I authorize, without reservation, any party or agency contracted by The Center for Human Services to furnish the above mentioned information:**

Print full name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (in order to obtain accurate retrieval of records)

Current address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you listed on the employee disqualification list of the Division of Aging?  
 Yes       No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prospective employer: The Center for Human Services**

Exceptions:

Do NOT contact the following people for job references:

\_\_\_\_\_  
\_\_\_\_\_

## A Summary of Your rights Under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy – to creditors, employers, and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must give you the name, address, and phone number of the CRA that provided the report.
- **You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to a "risk score" or a "credit score" that is based on information in your file. There is no charge for the report if your application was denied because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report a year if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.**
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) unless your dispute is frivolous. The CRA must pass along to its source all relevant information you provided. The CRA also must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file unless the source of the information verifies its accuracy and completeness, and the CRA provides you a written notice that includes the name, address and phone number of the source.
- **Inaccurate information must be deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to those who have a need recognized by the FCRA – usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.
- **You can stop a CRA from including you on lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- **You may seek damages from violators.** You may sue a CRA or other party in state or federal court for violations of the FCRA. If you win, the defendant may have to pay damages and reimburse you for attorney fees. If you lose and the court specifically finds you sued in bad faith, you or your attorney may have to pay the defendant's fees.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn those rights.

If you have questions or believe your file contains errors, call our toll-free number.

# Background Check Release Form for Center for Human Services

I \_\_\_\_\_ release Center for Human Services, Paragon Investigations LLC and Employee Screening Services to conduct a comprehensive employee background check. I release them to make any inquiries with my current and previous employers or others, who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I understand and am aware that I must provide my date of birth to help verify and complete the employee background check and that my date of birth and age will not effect the hiring process or decision. I authorize any such person or agency (i.e. Paragon Investigations LLC and Employee Screening Services) to give you any information concerning my personal record, including but not limited to an assessment of my job performance, verification of my social security number, verification of residence, verify employment history, verify education and references ,driving record, civil records, criminal records, sex offenders list, credit history and or any other information they may have personal or otherwise. I or anyone related or associated to me release and indemnify Center for Human Services and all parties that they may use (i.e. Paragon Investigations LLC and Employee Screening Services) in obtaining this information from any and all liability, claims or damages that may directly or indirectly result at anytime from furnishing this information. I also am aware that this release form is and will be valid in its original form, faxed copy or email and scanned copy.

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_

(Ms. Mrs. Mr. Miss.) Print Full Name: \_\_\_\_\_ (Include Jr. or Sr.)

Maiden Name or Alias: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Do you have a criminal history yes or no? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

License, Certification, or Registration Information: \_\_\_\_\_

May we contact your employer and references: \_\_\_\_\_

Locations of Residency the past five years. Most recent first.

State: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

After reading this above statement I \_\_\_\_\_ certify that I have read, fully understand, and accept all terms of this agreement and that any untruthfulness or omissions may be grounds for termination or grounds to not extend an offer of employment and that the information set out by me in this application is true and correct.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Is this position for: (Circle one) Employment or Volunteer

# VOLUNTARY DISCLOSURE RECORD

Our policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status. In order that our company comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. **Completion of this form is entirely voluntary.** If you choose to provide the information requested below, you are assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Soc. Sec. # \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Who referred you to our company?  Advertisement  Private Employment Agency  Friend  Relative  
 Gov't. Employment Agency  Walk-in  Other \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:  Male  Female

CHECK ONE OF THE FOLLOWING RACE OR ETHNICITY CATEGORIES:

- Hispanic or Latino** — A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** — A person having origins in any of the original people of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** — A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** — A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** — A person having origins in any of the Far East, Southeast Asia, or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** — A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** — All persons who identify with more than one of the above races.
- Veteran**  **Non-Veteran**

*It is our policy of to hire well-qualified people. An integral part of this policy is to provide disabled workers, disabled veterans, and Vietnam Era Veterans, equal employment with respect to all employment practices. Consistent with the provisions of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, we will take Affirmative Action with regard to the above groups. If you believe you are covered by the above Acts, we invite you to self-identify yourself for consideration. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.*

I am: 1. A special disabled veteran  Yes  No 4. Another Protected Veteran  Yes  No  
2. A veteran of the Vietnam Era  Yes  No 5. A disabled individual  Yes  No  
3. A newly Separated Veteran  Yes  No

If a disabled individual or disabled veteran, what accomodation can we make in order to improve your ability to perform your job properly and safely?

*The above information is voluntarily supplied by me. I understand it is for record keeping only and is not part of my application for employment. It will be filed separately and kept confidential.*

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