

People's Place Employment Application

People's Place does not discriminate against any employee, volunteer or consumer on the basis of race, color, cultural heritage, national origin, religion, age, sex, gender sexual orientation, marital status, disability, political affiliation, source of income, veteran status or any other status protected under local, state, or federal law." This policy extends to all personnel decisions, terms and conditions of employment, vendor contracts and provision of services. People's Place does not tolerate harassment for any reason.

Name (First, Middle, Last) **Today's Date**

Previous Name(s) **Email Address**

Address (Number, Street, Apt. #, City, State, Zip) **(Area Code) Phone No.**

Position Applied For **Social Security Number**

Are you bi-lingual and if so what languages do you speak?

Are you 21 years of age or older? YES NO

Are you authorized to work in the U.S. on an unrestricted basis? YES NO

When are you available to work? (check all that apply)

Mon Tues Wed Thurs Fri Sat Sun Days Eve Nights Weekends Holidays

Are you willing to work overtime as required? YES NO

Are you a Veteran? YES NO

Have you ever applied for a position or worked at a People's Place II, Inc. Program? YES NO

If yes, please provide details:

Education

HIGH SCHOOL NAME **LOCATION**

DIPLOMA/ GED (circle one)

COLLEGE NAME	MAJOR	DEGREE	YEAR AWARDED

OTHER EDUCATION/ TRAINING

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Employment History

(Account for at least the last five (5) years of employment. Start with most recent. Please complete in full, see resume is not sufficient)

From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :		Phone:
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?	YES	NO	
Job Title & Brief Summary of Duties:			
Population Worked With:			
From:	Through:	Starting Salary: \$	Ending Salary: \$
Employer:	Address :		Phone:
Name of Final Supervisor:			Phone:
Reason for Leaving:			
Permission to call Employer?	YES	NO	
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Population Worked With:			

References

(COMPLETE ONLY IF YOU HAVE LESS THAN THREE (3) WORK REFERENCES.)

Name/Relationship	Occupation	Address	Telephone

Please read the following statement carefully, and add your signature in the space provided.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements, omission or misrepresentations on this application shall be considered sufficient cause for immediate termination. If I am released for this reason, I will be paid only through the day of release. I authorize the Agency to make an investigation set forth in this application and release the Agency from any liability. I understand that employment at this Agency is "at will", which means that either I or the Agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is considered on that basis. I understand that no supervisor, manager or executive of the Agency, other than the Executive Director, in writing, has any authority to alter the foregoing.

I agree to release and hold harmless People's Place, Inc. and agencies listed on the application from any and all claims that I may have, or come to have, relating to background / reference checks or inquiries.

Applicant Signature

Date

(Revised 11/14)

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, People's Place ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, **criminal history reports, or driving records**; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize People's Place to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the People's Place to obtain a **criminal background check** and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

**People's Place DOES NOT complete credit checks
on applicants or employees.**

DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION

1. Because I must drive as an essential function of my employment or potential employment, I hereby give permission to People's Place to obtain my state driving record (also known as my motor vehicle record or MVR) in accordance with the Fair Credit Reporting Act (FCRA) and the Federal Driver's Privacy Protection Act (DPPA).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation any party or agency contacted by People's Place to furnish People's Place a copy of my state driving record.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by People's Place for the duration of my employment, and will serve as ongoing authorization for People's Place to procure my state driving record at any time during my employment period.
6. I understand that People's Place may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 1. Employer must notify me in writing of any such adverse action
 2. I have the right to receive a copy of the driving record upon which the adverse action was based.
 3. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer reporting agency that provided my driving record to People's Place.
 4. I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 5. I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee's Name (Print) Employee's Signature Date

Driver's License Number & State

People's Place only obtains driving records for designated applicants and employees.