

APPLICATION FOR EMPLOYMENT

Partners In Housing

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please attach a resume to supplement this application.

PLEASE PRINT

Name _____ Date _____
Last First Middle Initial

Street Address, City, State, Zip _____

Telephone Number _____

Position Desired _____

circle one: FULL TIME PART TIME EITHER

When can you start? _____ How were you referred to Partners In Housing? _____

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Years Completed	Major	GPA	Degree(s) Obtained
High or Preparatory					
College					
Graduate School					
Other					

List any additional special skills, technical or professional knowledge which you may have:

EMPLOYMENT EXPERIENCE: List all of your current and previous positions (paid and unpaid) in chronological order starting with most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

2. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

3. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

4. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

5. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

6. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

7. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Salary _____
Reason for leaving _____

Of the jobs you have held, which did you like the most, and why? _____

Of the jobs you have held, which did you like least, and why? _____

May we contact your present employer? YES NO

WE ARE REQUIRED DO A CRIMINAL BACKGROUND CHECK ON ALL EMPLOYEES

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES NO

If yes, give a short explanation of the complaint. Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.

Have you ever been convicted of any felony or misdemeanor? YES NO

If yes, give a short explanation of the incident. Please indicate the date, nature, and place of the incident, the disposition of the allegations.

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft? YES NO

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES NO

If yes, give a short explanation of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

Do you or a member of your immediate family or household or a relative have an active child welfare case or pending referral? YES NO

Please list 3 references

1. Name _____	Telephone _____
Address _____	Relationship _____
2. Name _____	Telephone _____
Address _____	Relationship _____
3. Name _____	Telephone _____
Address _____	Relationship _____

In order for your application to be considered, you must sign the Applicant's Declaration, Authorization and Release on the following page.

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Partners In Housing and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

Print Name

Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Disclosure: In order to evaluate your application for employment or, if you are hired, to assist management with any employment-related decision, Partners In Housing may obtain consumer reports, investigate consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual employmentrelationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in "A Summary of Your Rights under the Fair Credit Reporting Act" which has been provided to you.

Authorization: I voluntarily authorize Partners In Housing to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual employment relationship with Partners In Housing. The information obtained may include medical information. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in "A Summary of Your Rights under the Fair Credit Reporting Act" which I have received and reviewed.

Printed Name Date

Social Security Number Male Female

Date of Birth

Drivers License # State Maiden Name/Alias

Signature Other Aliases

AGENCY COPY

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Printed Name

Date

Social Security Number

Date of Birth

Male

Female

Drivers License #

State

Maiden Name/Alias

Signature

Other Aliases

APPLICANT COPY

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to**

www.consumerfinance.gov/learnmore or write to: **Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
Rev.Dec.19.2012.CA
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

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