

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an EEO Self Identification Form. This information is being gathered for federal recordkeeping and/or affirmative action purposes only. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Are you at least 18 years of age: ☐ Yes ☐ No

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Proof of employment eligibility will be required if hired.

AVAILABILITY

What date can you start? _____ What category would you prefer? ☐ Full time ☐ Part time ☐ Temporary ☐ Labor pool

For which schedules are you available? * ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other _____

*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

ESSENTIAL JOB FUNCTIONS

- ☐ Yes ☐ No Have you been given a job description or had the essential functions of the job explained to you?
- ☐ Yes ☐ No Do you understand these essential functions?
- ☐ Yes ☐ No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

- ☐ Yes ☐ No Do you hold any professional licenses or certifications? Issuing Institution _____
- Name of license/certification(s) and Grad Date(s) _____ Location of Education _____
- License/certification number(s) and Issue Date(s): _____ Issuing State: _____
- ☐ Yes ☐ No Has your license/certification ever been revoked or suspended?
- If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only professionals in a supervisory position. Do not include relatives, friends, etc.

NAME	ADDRESS/PHONE	YEARS KNOWN / RELATIONSHIP / FFCA 'K < 9F93
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name _____

NAME	CITY/STAT9	GRAD "85 H9 't4f' B56 L	DEGREE TYPE
HIGH SCHOOL			
COLLEGE			
OTHER			

The Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state, or local law.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the ***correct telephone numbers of past employers are critical***. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer?
☐ Yes ☐ No If yes, may we contact?

PHONE ()

FAX ()

COMPANY NAME

CITY

STATE

FROM TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY

(HOUR, WEEK, MONTH)

REASON FOR LEAVING

SECOND MOST RECENT EMPLOYER

PHONE ()

FAX ()

COMPANY NAME

CITY

STATE

FROM TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY

(HOUR, WEEK, MONTH)

REASON FOR LEAVING

THIRD MOST RECENT EMPLOYER

PHONE ()

FAX ()

COMPANY NAME

CITY

STATE

FROM TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY

(HOUR, WEEK, MONTH)

REASON FOR LEAVING

FOURTH MOST RECENT EMPLOYER

PHONE ()

FAX ()

COMPANY NAME

CITY

STATE

FROM TO

DATES EMPLOYED

JOB TITLE

SUPERVISOR NAME

DUTIES

PER

SALARY

(HOUR, WEEK, MONTH)

REASON FOR LEAVING

DRIVER'S LICENSE INFORMATION

☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL # _____ Type _____ State of Issue _____

☐ Yes ☐ No Have you had any moving violations within the last seven years? Please print name and address.

CRIMINAL HISTORY

Please note that a “Yes” answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? **Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.**

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California.

☐ Yes ☐ No Please explain any “Yes” answer. Provide relevant dates and details. Use additional paper if necessary.

Are you currently awaiting trial for any criminal offense?

☐ Yes ☐ No Please explain any “Yes” answer. Provide relevant dates and details. Use additional paper if necessary.

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Do not disclose your referral to or participation in any pretrial or post trial diversion program. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered “at-will” and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company’s facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

SIGNATURE	DATE
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This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application0

DISCLOSURE AND AUTHORIZATION FORM

Fast Response Safety Training Center, Inc. DBA: Fast Response School of Health Care Education (Company) will procure a consumer report and/or investigative consumer report on you in connection with your employment application. Intelius Inc., a consumer reporting agency, will obtain the report for the Company. Intelius is located at 500 108th Avenue NE, 25th Floor, Bellevue, WA 98004, and can be reached at (425) 974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: **[credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks]**

The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Provided to you with this authorization is a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign the authorization until you have reviewed this summary.

You also are entitled to request more information about the nature and scope of the report we are requesting your authorization to obtain by submitting a written request to Cathlin Torrence @ 510.809.3643.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal 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 if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- ☐ 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 tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- ☐ You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request 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 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 investigate the items (usually



within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

□ Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

□ 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, it may not continue to report the information 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 people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

□ Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

□ You may choose to exclude your name from CRA 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 phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

□ You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.



AUTHORIZATION

I have carefully read and understand this notice and authorization form and I have read and understand the “Summary of Your Rights Under the Fair Credit Reporting Act” provided with this form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company as described above and consistent with the requirements imposed on the Company as described in the Summary.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for employment related purposes during and after my employment. I understand that if employed by the Company my consent will apply throughout the entire time I am employed by the Company unless I revoke or cancel my consent by sending a signed letter to Cathlin Torrence at cathlin@fastresponse.org.

Please print legibly and clearly below.

Last Name _____ First Name _____ Middle Name _____

Present Address

City/State/Zip

Social Security Number _____

Driver's License Number _____ State Issued _____

Professional License Number: State _____ Type _____ Number _____

Please Check Boxes

☐ **I authorize Fast Response to perform a DMV driving record background check.**

☐ **By checking this box, I request a free copy of the report.** (For Employment in California Only).

FOR IDENTIFICATION PURPOSES ONLY

Date of Birth _____ Gender _____

Signature _____ Date _____