

MARSHALL-STARKE DEVELOPMENT CENTER, INC.

1901 PIDCO Drive
Plymouth, IN 46563

EMPLOYMENT APPLICATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

AGE: OVER 18? YES NO

POSITION APPLYING FOR _____

SOC. SEC. #: _____

FULL TIME _____

PART TIME _____

SALARY EXPECTED: _____

EDUCATION: Name/Location of High School _____

Graduate? _____ GED? _____ Do you plan to continue your education? _____

College/Area of Study/Degree _____

List other courses taken and areas of educational interest: _____

Certifications, permits, or licenses received: _____

Employment History: Begin with your present or most recent employer.

My present employer may _____ may not _____ be contacted.

Firm Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

Firm Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

Firm Name _____ Dates of Employment _____

Job Title and Duties _____

Reason for Leaving _____

References: Provide at least two references other than relatives and former employers.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Information: Please list any additional skills/training that would be of benefit in consideration of your application for employment with MSDC.

This application is in compliance with the Equal Employment Opportunity Commission and the Americans with Disabilities Act.

MSDC is an Equal Opportunity Employer

Marshall-Starke Development Center, Inc. is a private Not-For-Profit Corporation, which does not discriminate in employment or services on the basis of race, creed, color, sex, age, nationality, disability, or political affiliation.

I authorize MSDC to conduct an investigation of my application. I understand that false or misleading information furnished by me on this form or in connection with my application for employment may result in rejection of the application or, if employed by MSDC, in the termination of employment. I hereby attest that, to the best of knowledge, I am physically able to perform the duties of the position for which I am applying and currently have no physical limitations, i.e. lifting restrictions, communicable illnesses, etc.

Signature

Date

Authorization for Employment Application Verification

Name of Applicant or Employee

Street Address

City, State, Zip Code

Marshall-Starke Development Center, Inc.
1901 PIDCO Drive
Plymouth, IN 46563

Various reports may be obtained as part of the Marshall-Starke Development Center, Inc.'s (or any subsidiaries thereof) evaluation of my job application for employment. The reports may be procured by The Gibson Insurance Agency, Inc., our insurance company or the IIA of Indiana and may include my driving record, an assessment of my insurability under the Company's insurance coverage. Reports required for all programs are as follows:

1. A Limited Criminal History form from the State of Indiana
2. A report from the Indiana Registry of Sexual and Violent Offenders
3. Motor Vehicle Report of Driving Record

Reports required for Adult Programs:

1. A Limited Criminal History from all States resided in during the last three years
2. A Criminal History Check from the County Sheriffs Department for the last three years
3. A CNA Registry verification
4. A report from the Indiana Registry of Sex and Violent Offenders
5. Motor Vehicle Reports of Driving Record

If during the applicant review process, a negative response to any of these inquiries is found, we will deem you an unacceptable applicant for the position you have applied for.

By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time as it deems appropriate, to evaluate employability, continued employability, and insurability.

Printed Name of applicant or employee

Signature of applicant or employee

Date

Driver's License Number: _____

Date of Birth: _____

Social Security Number: _____

RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE
REGARDING PROCUREMENT OF A MOTOR VEHICLE REPORT

Marshall Starke Development

I hereby acknowledge that in connection with my application and/or appointment to driving responsibilities Marshall Starke Development, its affiliates and/or subsidiaries and/or Gibson Risk Management Services will procure a Motor Vehicle Report (MVR) on me.

This release and authorization shall remain valid and in effect for the duration of my contract or employment with Marshall Starke Development, its affiliates and/or subsidiaries and reserves the right to run subsequent MVR's on me at Marshall Starke Development, its affiliates and/or subsidiaries and/or Gibson Risk Management Services' sole discretion.

I may revoke this Authorization at any time. If I proceed with such revocation of this Authorization, I will send a written revocation to Marshall Starke Development at the address at which this application has been made.

I have been provided a summary of my rights under the FCRA. In the event that information from the MVR report is utilized in whole or in part in making an adverse decision I understand that I have the right to request in writing, within a reasonable time, that Marshall Starke Development provide a complete and accurate disclosure of the nature and scope of the information requested. Upon my written request, Gibson Risk Management Services will provide a copy of the MVR mailed to me by U.S. first class mail to the address on my driving record.

By signing below, in compliance with the Fair Credit Reporting Act, I hereby authorize Marshall Starke Development, its affiliates and/or subsidiaries and/or Gibson Risk Management Services to procure an MVR on me to determine whether I meet its risk management standards for insurability on their commercial auto insurance policy. In addition, I also authorize all entities having information about me, including departments of motor vehicles, to release such information to Marshall Starke Development, its affiliates and/or subsidiaries and/or Gibson Risk Management Services.

Signature	Date Signed (mm/dd/yy)
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☐ PROPOSED APPLICANT ☐ CURRENT EMPLOYED DRIVER (Please print clearly)

First Name:	Middle Initial:	Last Name:
Date of Birth		
Driver's License #		State

Applicants – Please retain a copy for your files.

MVRs are evaluated by Gibson Risk Management Services

Version 2020