



APPLICATION for EMPLOYMENT

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application _____

Name _____

LAST

FIRST

MIDDLE

Address _____

STREET

CITY

STATE

ZIP CODE

Telephone (____) _____ Mobile/Other Phone (____) _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work / /

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you been ever been convicted of a crime, including any traffic violaions, in the last seven (7) years? Yes No

If yes, please explain all such convictions _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

EMPLOYMENT HISTORY Provide the following information for your past FOUR (4) employers, assignments or volunteer activities, starting with the most recent (continue on Page 2):

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY: START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY: START \$ _____ PER _____ FINAL \$ _____ PER _____	
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EMPLOYMENT HISTORY Continued from Page 1

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING	HOURLY RATE/SALARY: START \$ _____ PER _____ FINAL \$ _____ PER _____		

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FROM FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAD THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

LINCOLN TRAINING CENTER (LTC) COMPLIES WITH ALL FEDERAL, STATE AND MUNICIPAL LAWS WHICH PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, AGE, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS. PHYSICAL JOB REQUIREMENTS APPROPRIATE TO SOME POSITIONS ARE NECESSARY.

ALL EMPLOYEES ARE EXPECTED TO CONFORM TO THE RULES AND REGULATIONS OF LINCOLN TRAINING CENTER.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

NOTICE TO CONSUMER (Form 1 of 2)

(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY)

Thank you for seeking employment with our company: _____

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating employment or association candidacy; retention, and/or promotion. Inquiries may be made in considering your application, and the ensuing report MAY contain public/semi-public or private information, identification information, including date of birth and social security number, financial (credit) information, driver's history, medical history, character, mode of living personal characteristics, work habits, job performance, life and work experience(s), as well as reasons for termination(s) from prior employment or other information deemed necessary during the course of compiling information about you, and which could adversely affect your potential for employment or other association with our company. The report will only be obtained, according to your written instruction(s), below.

Please be advised that the information requested on this form (Form 1) and on the associated "Identification Information Disclosure and Criminal History Disclosure" form (Form 2) is for the sole purpose of conducting a background check. Identifying information provided by you, such as date of birth, social security number, marital status, criminal history, and prior addresses, etc. will ONLY be used for the purpose of conducting a background check, in the form of obtaining a Consumer Report, or an Investigative Consumer Report, and/or for verifying information provided by you, and/or for identifying you in the public record. The report is compiled in accordance with The Fair Credit Reporting Act (Public Law 91-508, Title VI), [as amended] as well as other applicable State and Federal laws and the information will be maintained in strict confidence as prescribed under the Gramm-Leach-Bliley Act. The FCRA, and G-L-B are available for review at www.ftc.gov.

California applicants, will be provided a copy of the report if a Third Party Consumer Reporting Agency is utilized. If we don't use an Agency, you will be provided copies of any public records we obtain that could affect your employment or association. Applicants in other states may request copies of the final report in accordance with applicable Federal and State Laws, by checking the appropriate line below.

Please check one: I do I do NOT want a copy of the report.

Additionally, you have the right to make a direct request to obtain copies of any reports, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report, which may have been provided by one, or more of the following Consumer Reporting Agencies:

- | | |
|---|--|
| 1. EXPERIAN (www.experian.com)
701 Experian Pkwy.
Dallas, TX 75013; or call:
1-888-397-3742 | 3. EQUIFAX (www.equifax.com)
P.O. Box 740241
Atlanta, GA 30374-0241; or call
1-800-685-1111 |
| 2. TRANSUNION (www.transunion.com)
2 Baldwin Place
Chester, PA 19022; or call:
1-800-916-8800 | 4. APSCREEN Consumer Relations
P.O. Box 80639
Rancho Santa Margarita, CA 92688; or call
1-800-637-0223 |

AGREEMENT AND CONSENT

I HAVE READ THIS FORM COMPLETELY, and **I AUTHORIZE YOU TO OBTAIN** a Consumer Report or Investigative Consumer Report and/or conduct a Background Check which may include, but not be limited to personal, employment, driving, financial (credit) and/or criminal information and/or medical histories and/or other related matters. **I also (by photocopy of this form) authorize** any and all government and/or law enforcement agencies, motor vehicle departments, employers, schools, firms or persons to release information in response to such pre and/or post association (and/or employment) inquiries, and I hereby release same from any and all liability in responding to such inquiries. **I FULLY UNDERSTAND** that if I should be considered for association or employment with you that false, misleading or omitted information in my application(s), resume(s), interview(s) and/or specifically on this form, or any related form(s) may disqualify me from candidacy, or be a basis for and could possibly result in the immediate termination of my association or employment, without notice. **I UNDERSTAND** the above and certify that the information provided herein by me is true, correct and complete.

AP-BIF 1/Rev. 8/03

Signed: _____ Date: _____

Name (Printed): _____ Social Security #: _____

Current Address: _____

City/State/Zip: _____ Telephone #: (____) _____

Identification Information Disclosure & Criminal History Disclosure (Form 2 of 2)

Thank you for your application with our Company: _____. In accordance with your written instructions authorizing us to conduct a Background Check, and/or obtain a CONSUMER REPORT or INVESTIGATIVE CONSUMER REPORT, the following information is required:

Please complete each section thoroughly and legibly: (Use additional paper, or reverse side if necessary)

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Date of Birth: _____ Jr. or Sr.? _____

Driver's License # or State ID#: _____ Issuing State: _____ Spouse's Name: _____

Have you had a Driver's License in another state within the past 3 years? ___ Yes ___ No Where? _____ # _____

Have you EVER been known by another name, surname, maiden name, alias, "aka" or, nickname ? ___ Yes ___ No If yes, what name(s) and when:

1. _____ When? _____ 2. _____ When? _____

Present Address, and Seven Years Prior Addresses, in Descending Order: (City/State) (Zip Code) (How Long)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

In order to fully assess your potential for employment or association with our company, we must have thorough understanding of any Felonies or Misdemeanors for which you may have been convicted. You could be disqualified from eligibility and/or rejected from continued employment or association if it is determined that the number, nature and timeliness of the conviction(s) would cause you to be unsuitable for the position(s). Additionally, we reserve the right to deny candidacy for omitted information, which means that if we find out about something you were asked to disclose, either in: Form 1, (Notice to Consumer); this Criminal History Disclosure, or in the Identification Information Section, above, the process slows, and you could no longer be eligible for candidacy.

You are **NOT** required to answer YES or provide information concerning: (1) Any arrest, UNLESS you are out on bail, awaiting trial, or the subject of any outstanding warrant(s); (2) Any conviction over 7 years old, unless the conviction(s) resulted in Court imposed punishment which has or has not been COMPLETED within the past 7 years (3) Any conviction for which the record has been judicially ordered sealed, expunged, erased, statutorily eradicated, or judicially dismissed. If you live in California, you MUST tell us if you have been convicted of California Health and Safety Code sections: 11357; 11360; 11364; 11365; or 11550, ("the Marijuana statutes") within the past 2 years. NOTE: If a conviction has been expunged or erased or dismissed, you may be asked to provide proof in order for us to consider your application further, in the event we discover something that you failed to properly disclose on this, or any other related form. *Please answer each question completely, and write any details legibly:*

Have you been convicted of a felony or misdemeanor **ANYWHERE** other than a minor traffic violation, or have you completed any Court imposed punishment for any previous convictions within the past 7 years?

YES / NO (Circle One)*

Are you out on bail, awaiting trial and/or are there any outstanding warrants pending against you?

YES / NO (Circle One)*

Details: _____

*If you answered YES to any of the above questions, provide location(s), date(s), charge(s), disposition(s), sentence(s), term(s) of confinement and/or probation, on a separate sheet of paper in order to be considered further. **Remember, the existence of a criminal record does not necessarily eliminate your candidacy, but an undisclosed, legally requested matter discovered at any time after the date you signed this form could eliminate candidacy, association or employment.**

AP-BIF 2/Rev.8/03

Signed: _____ Date: _____