



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? M Yes M No

If no, please explain _____

Have you ever been employed here before? M Yes M No

Date available for work / /

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

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

Do you have a valid driver's license? M Yes M No

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			

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
START \$ _____ PER _____ FINAL \$ _____ PER _____			

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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

2643 Loma Ave. • South El Monte, CA 91733 • (626) 442-0621 • Fax (626) 442-0177
8331 Sierra College Blvd. #220 • Roseville, CA 95661 / 2350 W. Shaw Ave. #135 • Fresno, CA 93711 / 1959 Palomar Oaks Way Suite 160 •
Carlsbad, CA 92011 / 19153 Town Center Drive #102 • Apple Valley, CA 92308 / 20 N. Sutter Street, #302 • Stockton, CA 95202
Toll-Free (800) 949-4582 • E-Mail: ltcmain@lincolntc.org • Web Site: www.lincolntc.org



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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	
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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 _____

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Toll-Free (800) 949-4582 • E-Mail: ltcmain@lincolntc.org • Web Site: www.lincolntc.org

Accredited by the Commission on Accreditation of Rehabilitation Facilities • LTC is a 501(c)(3) not-for-profit organization



Voluntary Affirmative Action Form

In compliance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, Veteran status and position for which applied. **This information will be kept separately from your application and will be used only in accordance with federal and state regulations.**

You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you fill out this form.

Gender: Male Female

Race/Ethnic Group

- White** (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- Black** (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other** _____

(Please Specify)

Veteran Status:

- Not a Veteran Veteran Disabled Veteran Vietnam Era Veteran

Name: _____

Date of application: _____

Position applied for: _____

Referred by: _____

How did you learn about the position

NOTICE TO CONSUMER –

Please Take Extra Care in Reviewing and Completing this Form

Thank you for seeking employment or association with our company:

In compliance with State and Federal laws, we are hereby notifying you that a BACKGROUND CHECK in the form of 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, 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, and in strict accordance with all applicable Federal, State and Local Privacy and Consumer Reporting Laws.

Two signatures will be required in order to process your application for employment further. Failure to fill this form out completely, or sign in BOTH places will delay your application and/ or could affect our ability to further assess your candidacy.

In the event information is discovered that could adversely affect our decision to employ or associate with you, you will be provided a copy of the report provided to us, in accordance with the Summary of Your Rights Under The Fair Credit Reporting Act, included below, and in accordance with laws of your state.

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: *(See listed websites for the Privacy Policies of each Consumer Reporting Agency listed below)*

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

Please be advised that the information requested on this form is for the sole purpose of conducting a background check and is considered CONFIDENTIAL. Identifying information provided by you, such as date of birth, social security number, marital status, prior addresses, etc. will ONLY be used for the purpose of conducting a background check.

Identification Information Disclosure

PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY – NOT DOING SO OR OMITTING INFORMATION COULD SUSPEND OR ELIMINATE YOUR CANDIDACY

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 and sign below: (Use additional paper, or reverse side if necessary)

Last Name: _____ First Name: _____

Middle Name: _____

Social Security Number: _____ Date of Birth: _____

Junior /Senior/3rd/ 4th, etc.?: _____

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

If so, What State? _____; License #: _____

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. _____ 2. _____

3. _____ 4. _____

Present Address: (Very Important, as this is the address where we will correspond with you)

Number/Street Name/Apt #: _____ City/State _____ Zip Code _____

Previous Addresses for the Last 7 (Seven) Years: (Please MAKE SURE you include all addresses, use additional paper if necessary)

Number/Street Name/Apt #	City/State	Zip Code	How Long
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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. **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.

New York Applicants: Check here: _____ to acknowledge receipt of **Article 23-A of the New York Correction Law** provided to me by Company.

California, Minnesota and Oklahoma Applicants: Check here: _____ *if you would like a copy of the Report*

California Applicants: Check Here: _____ to acknowledge receipt of **A Summary of Your Rights Under The California Investigative Consumer Reporting Agencies Act (California Civil Code Section 1786.22)** (Below)

All Applicants: Check Here: _____ to acknowledge receipt of BOTH: **A Summary of Your Rights Under the Fair Credit Reporting Act** (Below) and the **NOTICE TO CONSUMER** (Above)

Signed: _____
Date: _____ / _____ / _____

Full Name (Printed): _____

Social Security #: _____

Date of Birth: _____

Present Address: *(Very important, as this is the address where we will correspond with you):*

Number/Street Name/Apt # _____ City/State _____ Zip Code _____

Telephone #: (_____) _____ E-Mail _____

A Summary of Your Rights Under The California Investigative Consumer Reporting Agencies Act (CA Civil Code 1786.22)

You have a right under California law to inspect files maintained on you by an *investigative consumer reporting agency* (ICRA) during normal business hours and with reasonable notice under the following conditions:

1. You may personally inspect the files if you provide proper identification (e.g., valid driver's license, social security account number, military identification card, credit cards), and may receive a copy of the file for the actual cost of copies provided.
2. You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee. The ICRA is not liable for what happens to the information once mailed.
3. You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide "proper identification" through the types of identification listed above, the ICRA may require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA must provide trained personnel to explain to you any information that it is required to furnish to you from your file. The ICRA also must provide you with a written explanation of any coded information contained in your files at the time inspection of your files is permitted. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The ICRA may require you to provide it with a written statement granting permission to the agency to discuss your file in such person's presence. The ICRA also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through proper discovery procedures brought forth under Title 1.6A of the Civil Code pertaining to Investigative Consumer Reporting Agencies.

A Summary of Your Rights Under the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq., Public 91-508, title VI, As Amended)

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 20006.**

- **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.
- **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. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: 2. To the extent not included in item 1 above:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston,

<p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> <p>1. Air Carriers</p> <p>2. Creditors Subject to Surface Transportation Board</p> <p>3. Creditors Subject to Packers and Stockyards Act</p> <p>4. Small Business Investment Companies</p> <p>5. Brokers and Dealers</p> <p>6. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p> <p>7. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> <p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p> <p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p> <p>Nearest Packers and Stockyards Administration area supervisor</p> <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p> <p>Securities and Exchange Commission 100F St NE Washington, DC 20549</p> <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> <p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
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