



How did you hear about us? Radio _____
Newspaper _____ Reference _____ Other _____

POSITION APPLIED FOR: _____
DATE OF APPLICATION: _____

APPLICATION FOR EMPLOYMENT

NAME: _____
Last First M. I.

SSN: _____ - _____ - _____

STREET ADDRESS: _____

HOME PH: _____

DAYTIME PH: _____

EMPLOYMENT RELATED DATA:

1. If you are under the age of 18, please state your age: _____
2. Are you legally eligible for employment in the U.S.? (If hired, verification will be required) Yes No
3. Have you worked for the Authority in the past? Yes No If so, when and in what position?

4. Have you ever been convicted of a crime, other than a minor traffic infraction, which has not been annulled or expunged, or sealed by a court? Yes No If yes, describe in full:

5. Do you have a valid driver's license? Yes No If yes, give State _____ and Lic # _____
**If the position for which you are applying requires operation of a motor vehicle, you are required to provide a written driving record from the Virginia Department of Motor Vehicles or from the State in which you hold a current driver's license, to be used in consideration of employment.
6. Consistent attendance and punctuality are essential requirements of every position within the Authority. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the Authority? Yes No If yes, please describe in full: _____

Note: It is the policy of this organization to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

CERTIFICATION AND AGREEMENT - PLEASE READ CAREFULLY

If hired, I agree to abide by all Authority rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Authority or me; I further understand that no representation, whether oral or written by any representative or agent of the Authority, at any time, can constitute a contract of employment. Further, my signature below certifies that the facts set forth in this employment application are true and complete to the best of my knowledge. As a part of this application, I have signed the adjoining disclosure and authorization for the Authority and its representative, InfoLink Screening Services, Inc., to obtain information regarding my background. I understand that unsigned applications will not be considered and, if I am employed, falsified statements on this application will be considered sufficient cause for dismissal.

Signature

WORK HISTORY:

List work history, beginning with the most current employment:

Dates of employment: _____ to _____ Position Held: _____

Name and Address of Employer: _____

_____ Name and Title of Immediate Supervisor: _____

Phone Number: _____

Principal Duties: _____

Ending Salary: _____

Reason for leaving _____

Dates of employment: _____ to _____ Position Held: _____

Name and Address of Employer: _____

_____ Name and Title of Immediate Supervisor: _____

Phone Number: _____

Principal Duties: _____

Ending Salary: _____

Reason for leaving _____

Dates of employment: _____ to _____ Position Held: _____

Name and Address of Employer: _____

_____ Name and Title of Immediate Supervisor: _____

Phone Number: _____

Principal Duties: _____

Ending Salary: _____

Reason for leaving _____

Please indicate any employers listed above that you do NOT wish to be contacted:

***** DO NOT WRITE ON THIS PAGE *****
For Interviewer's Use Only

Interviewed: Yes No Date of Interview: _____ Hired: Yes No

Interviewer(s): _____

If Hired: _____

Position: _____ Starting Salary \$ _____ per _____

Starting Date: _____

Interview Comments: _____

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Albemarle County Service Authority**, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from **InfoLink Screening Services, Inc.**, (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: MONTH OF BIRTH _____ (Jan-Dec) DAY of MONTH BORN _____ (1-31)
(PLEASE DO NOT SUPPLY YEAR OF BIRTH)

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
PHN: (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX: (818) 709-2345

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