



Platte County Legacy Home
A Spirit of Love, Respect and Compassion

Platte County Legacy Home

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Date of Birth: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you employed now? YES NO If yes, May we contact your current employer? Yes No

Do you want: Full time (32+ Hours/WK) Part Time (24-31 Hours/ WK) PRN (minimum 2 shifts per month required)

Preferred Shift: Day Evening Night Various

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

(If no, describe the function that CANNOT be performed.)

Have you ever been convicted of a criminal offense? Note: Convictions will not necessarily disqualify an applicant for employment
Yes No

If yes, state the nature of the criminal offense, when, where and the disposition of the case:

List any licenses or certifications you have: (Please write state in which you are currently licensed as well as previous states in which you have been licensed.)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Authorizations- Read and initial each paragraph, and then sign below

_____ **Authorization to Investigate:** I authorize any person (s) or organization (s) referenced in this application to give the company any and all information concerning my previous employment, education, or other information they might have, with regard to any subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the company to request and receive such information.

_____ **At-Will Relationship:** I understand and agree that if I am offered employment with the company it will be on an "at-will" basis. This means that either I or the company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief

executive officer of the company. I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create and employment contract between me and the company.

_____ **Search of public Records:** I understand that a background check performed by the company is required for this position, and I have signed a separate permission to perform such a search. I understand that I am entitled to copies of any such records obtained by the company.

_____ **Drug & Alcohol Testing:** If offered employment I agree to submit to a drug and alcohol test before starting work. If employed, I also agree to submit to drug and alcohol test at any time deemed appropriate by the company and as permitted by law. I understand the results of these tests will remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug and alcohol tests, and if I am hired a condition of my employment will be that I abide by the company's Drug and Alcohol Policy.

_____ **Policies:** If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to revise it policies and procedures, in whole or in part, at any time.

_____ **Obligation to Hire:** I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire me.

Signature _____ Date _____



BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

Organization Name _____ Account _____

DISCLOSURE

The "Organization" above and our agent Background Information Services, Inc. ("BIS") located at 1800 30th Street, Ste 204, Boulder, CO 80310, (800) 433-6010, may order, prepare, report, obtain, and review consumer reports about you for employment purposes, including without limitation for the purposes of evaluating you for employment, promotion, reassignment and retention, at any time prior to or during your employment and without providing any additional notice.

We may also order, prepare, report, obtain, and review investigative consumer reports through personal interviews with employers, supervisors, coworkers, clients, neighbors, friends, or associates, acquaintances, and others, as applicable, that may include without limitation, information about your character, general reputation, personal characteristics and mode of living, salary history, reason for termination, eligibility for rehire, and any disciplinary actions. You have the right to make a written request within a reasonable period of time for a free notice of the nature and scope of any investigative consumer report ordered. Such notice will be made in a writing mailed, or otherwise delivered to you not later than five days after the date such request was received or such report was first requested, whichever is the later.

A copy of the FTC "A Summary of Your Rights Under the FCRA" is attached hereto. You may have additional rights under state law.

NY & ME APPLICANTS ONLY: You have a right to know whether an investigative consumer report was requested and to inspect and receive a copy of any investigative consumer report by contacting BIS. By signing below you acknowledge receipt and understanding of the NEW YORK BACKGROUND CHECK NOTICE.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				
Last Name		First Name		Middle Name
Social Security Number	Date of Birth (mm/dd/yy)	Other Names Used (maiden, married, AKA)		Dates Used
Drivers License Number	State of Issue	Other Names Used (maiden/married/AKA)		Dates Used (yr - yr)
ADDRESS HISTORY (PLEASE INCLUDE 7 YEARS OF HISTORY. Use reverse if necessary)				
1 Current Street Address		City	State	Zip Code
Date From (month/year)		Date To (month/year)		County (NOT Country)
2 Previous Street Address		City	State	Zip Code
Date From (month/year)		Date To (month/year)		County (NOT Country)
3 Previous Street Address		City	State	Zip Code
Date From (month/year)		Date To (month/year)		County (NOT Country)

AUTHORIZATION

I acknowledge receipt and understanding of this BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FCRA. I agree that a copy of this Authorization is as valid as the original.

I hereby authorize the Organization above and its agent BIS to order, prepare, report, obtain, and review consumer reports and investigative consumer reports about me for employment purposes at any time prior to or during my employment and without giving me any additional notice.

I authorize any and all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, courts, and governmental, law enforcement, military, driving record, licensing and certification agencies, and any other information source to provide all information requested to the organization above and BIS. I authorize any and all credit bureaus to provide my credit report to the organization above and BIS.

MN & OK APPLICANTS ONLY: Check box to receive a copy of any consumer report.

CA APPLICANTS ONLY: Check box to receive a copy of any consumer report/investigative consumer report. By signing below you acknowledge receipt and understanding of the CALIFORNIA BACKGROUND CHECK NOTICE.

Signature _____ Date _____ / _____ / _____

