



Remove and Keep for Your Records

Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer-reporting agency, other agency, or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee.

Reports may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Alternatives Incorporated may also request information from various Federal, State, and other agencies which maintain records concerning past activities relating to your driving, credit, criminal, civil, and other experiences. If you are considered for a position, your background check will be conducted by an initial telephone interview and a follow-up interview in person.

Application Process

Each prospective Alternatives Incorporated employee must complete an Application Form prior to communication of an offer of employment in any form. Such application form will include basic identifying information, qualifications such as education and experience, full and complete information about whom to contact in case of emergency, authorization to obtain verification of educational attainment, authorization to obtain information from current and prior employers, authorization to obtain information from law enforcement and governmental administrative agencies regarding criminal history, driving record, and perpetration of child abuse or neglect, and any other lawful information, acknowledgments, authorizations, and verifications Alternatives Incorporated deems appropriate.

Any fraud, misrepresentation, falsification, or material omission in any of the information requested on the Application Form is cause for denial of employment, or dismissal if the applicant is already employed when the fraud, misrepresentation, falsification, or material omission is discovered.

ALTERNATIVES INCORPORATED							Date			
<i>Application for Employment</i>										
An Equal Opportunity Employer				At-Will Employment			Mo	Day	Yr	
Personal	Last name		First name		Middle name			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Current address		City		State		Zip code			
	Permanent address		City		State		Zip code	How were you referred? <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Employment service <input type="checkbox"/> Friend/Family <input type="checkbox"/> College placement <input type="checkbox"/> Other _____		
	Social Security Number		Telephone							
	In case emergency, notify:		Relationship		Telephone					
	Address of emergency contact:		City		State		Zip code			
	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License number:							
Education	Indicate highest education level completed: Grade school High school College Graduate school									
		Name & Location		Dates Attended		Graduated		Degree**		
				Mo/Yr	Mo/Yr	Mo/Yr	Certificate		Diploma	
	High school									
	College(s)									
	Graduate school									
Military/other										
Professional licenses _____										
** Specify number of college hours earned in no degree obtained _____										
Job Interest	Type of work preferred: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other									
	Have you ever worked for Alternatives? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, dates: _____ to _____					
	Can you operate a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date you are available to start work: _____					
	Indicate special qualification or skills: _____									
	Will you work:	Any shift <input type="checkbox"/> Yes <input type="checkbox"/> No		Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No			Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No			
Military	Branch of U.S. armed forces			Date entered	Date and type of discharge/retirement			Rank/rate at discharge		
	Other military service (including Reserves)			Date entered	Date and type of discharge/retirement			Rank/rate at discharge		

APPLICATION REMAINS ON FILE TWO YEARS FROM DATE OF SUBMISSION

CONTINUED ON REVERSE SIDE

Work History	Employer (most recent):		Phone:	From:	To:
	Address	City	State	Zip Code	
	Position/Duties:				
	Supervisor's Name:		Salary:		
	Reason for leaving:			OK to contact now: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work History	Employer:		Phone:	From:	To:
	Address	City	State	Zip Code	
	Position/Duties:				
	Supervisor's Name:		Salary:		
	Reason for leaving:			OK to contact now: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work History	Employer:		Phone:	From:	To:
	Address	City	State	Zip Code	
	Position/Duties:				
	Supervisor's Name:		Salary:		
	Reason for leaving:			OK to contact now: <input type="checkbox"/> Yes <input type="checkbox"/> No	
References	Please give the names of three persons not related to you, whom you have known at least one year.				
	Name	Address	Telephone #	Yrs. Acquainted	
	Name	Address	Telephone #	Yrs. Acquainted	
	Name	Address	Telephone #	Yrs. Acquainted	
Criminal History	Have you ever been convicted of a crime (<i>excluding minor traffic offenses</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, list convictions (<i>a conviction does not necessarily disqualify an applicant for the position applied for</i>):				
	1.				
	2.				
3.					

All applicants will be considered for employment without regard to race, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other status protected by law. We are an Equal Opportunity Employer. Please return application to: Alternatives Incorporated, P O Box 1302, Anderson, IN 46015-1302.

PLEASE READ CAREFULLY:

STATEMENT OF APPLICANT: In applying for employment, I want Alternatives Incorporated to be fully informed of my previous record, and I hereby authorize Alternatives Inc. to investigate my background and to obtain any and all information, which may concern me. I hereby release all persons, schools, businesses, military and government agencies, credit bureaus, bureau of motor vehicles, and law enforcement agencies from any liability in furnishing such information.

I fully understand that any misrepresentation of facts on this application shall be sufficient cause for dismissal regardless of the date of discovery. I further understand that any offer of employment shall be subject to reference check. I understand and agree that, should I be offered employment, my commencement of work may be conditioned on the results of a drug test and/or medical examination, the cost of which, if administered, will be borne by Alternatives Inc. I further understand that this employment relationship is at will and may be terminated by either party at any time, with or without cause.

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

Signature of Applicant

Date

Applicant Name (Please Print)





NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, may be obtained in connection with your application for and/or continued employment with Alternatives Incorporated. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the Alternatives Incorporated.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122
888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Alternatives Incorporated to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Alternatives Incorporated. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Applicant Signature

Date

Supervisor/Management Signature

Date