



APPLICATION FOR EMPLOYMENT



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

CAN YOU PERFORM ALL THE ESSENTIAL JOB FUNCTION(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? % Yes % No

If no, explain \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? % Yes % No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ \*State of issue \_\_\_\_\_

% Operator % Commercial (CDL) w/ Passenger Endorsement % Chauffeur

Expiration date \_\_\_\_\_

How many? \_\_\_\_\_

Have you had any accidents while driving during the past three years? % Yes % No

How many? \_\_\_\_\_

Have you had any moving violations during the past three years? % Yes % No

Has your driver license ever been suspended in the last five years? % Yes % No

If yes, explain (include circumstances and date(s)) \_\_\_\_\_

\*Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name

Position \_\_\_\_\_

Position \_\_\_\_\_

Agency \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Address

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

\*HAVE YOU EVER BEEN IN THE ARMED FORCES?      % Yes    % No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?      % Yes    % No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**\*Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary. (All prior employers listed will be verified before commencement of employment)**

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Agency.

May we contact this employer at this time?  
% Yes % No

<b>*Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Agency.

May we contact this employer at this time?  
% Yes % No

Please mail to:  
5240 Fountain Drive  
Crown Point, Indiana 46307  
or fax to: (219) 794-1860



**APPLICATION FOR EMPLOYMENT**

A field marked with \* indicates that the information is required.

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May we contact this employer at this time?  
 Yes  No

*Northwest Indiana Community Action Corporation is an equal employment opportunity employer*

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Northwest Indiana Community Action Corporation (NWICA), I agree that: *(Please initial that you have read and understand the following)*

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other NWICA practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of NWICA, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of NWICA. Both the undersigned and NWICA may end the employment relationship at any time, without specified notice or reason. If employed, I understand that NWICA may unilaterally change or revise their benefits in a manner consistent with any applicable collective bargaining agreements, policies, and procedures and such changes may include reduction in benefits. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give NWICA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the NWICA from any liability as a result of such contact. \_\_\_\_\_

*(If applicable)* I also understand that (1) the NWICA has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, NWICA will perform an investigative consumer report including information as to my employment history, education, personal references, criminal history checks, motor vehicle check, and the sex offender registry check. Upon written request from me, NWICA will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_

I further understand that my employment with the NWICA shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with NWICA is terminable at will for any reason by either party in a manner consistent with applicable collective bargaining agreements.

I certify that all statements initialed are true and accurate.

*Signature of applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

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Applicant will not be considered unless all requested information is provided

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*Northwest Indiana Community Action Corporation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Northwest Indiana Community Action Corporation depends solely on your qualifications.*

*Thank you for completing this application form and for your interest in our business.*

**The attached documents are for office use.  
Please do not complete.**

Please mail to:  
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# DISCLOSURE AND WAIVER STATEMENT

As part of our background investigation for consideration of your application for employment and your continuing employment, Northwest Indiana Community Action Corporation may obtain an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It will also include criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA) (15 USC at 1681-1681u) as amended, before Northwest Indiana Community Action Corporation can see such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the FCRA.

## Authorization and Release to Obtain Information

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans Disability Act and all applicable federal, state, and local laws, I hereby authorize and permit Northwest Indiana Community Action Corporation to obtain a consumer report and/or an investigative consumer report which may include the following:

1. Employment verification
2. Education verification
3. Personal/Professional reference check
4. Criminal history check
5. Motor Vehicle check
6. Sex Offender Registry check

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Northwest Indiana Community Action Corporation from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Northwest Indiana Community Action Corporation to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application and/or my continuing employment and/or volunteer services. This authorization shall remain in effect over the course of my employment/volunteering. Reports may be ordered periodically during the course of my employment/volunteering.

_____	_____	
Full Name (Print)	Social Security #	
_____	_____	_____
Address	Date of Birth	Gender
_____	_____	_____
City/State/Zip	County	Driver's License #
<hr/>		
_____	_____	
Employee Signature	Human Resource Representative Signature	
_____	_____	
Date	Date	

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## A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy-- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 66 1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA., (The source also must advise national CRA's --to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone-- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, in error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurers, or employers without your permission.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years., If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state and federal court.





**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Employee Name \_\_\_\_\_ Birth date \_\_\_\_\_

Full name of spouse (*if applicable*) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Agency \_\_\_\_\_ Telephone \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTH DATE	SSN
	self		

TO BE  
COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \$ \_\_\_\_\_ %o Full-time %o Part-time %o Salaried

***All applicable fields must be checked to ensure completion of personnel folder***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Personnel Requisition  | <input type="checkbox"/> Job Description                                 | <input type="checkbox"/> Application/Resume            |
| <input type="checkbox"/> Interview Forms  | <input type="checkbox"/> Character References                            | <input type="checkbox"/> Disclosure & Waiver Statement |
| <input type="checkbox"/> Verification of Employment                                   | <input type="checkbox"/> State & County Criminal History Reports         | <input type="checkbox"/> Employment Letter             |
| <input type="checkbox"/> Payroll Authorization  | <input type="checkbox"/> State WH-4 & Federal W-4 Forms                  | <input type="checkbox"/> W-9 ( IRS taxpayer ID)        |
| <input type="checkbox"/> Form I-9 (Employment Eligibility Verification)               | <input type="checkbox"/> Copy of Driver License and Social Security Card |  |
| <input type="checkbox"/> Employee Acknowledgement                                     | <input type="checkbox"/> Voided Check (direct deposit)                   |  |
| <input type="checkbox"/> Training/Certifications/Transcripts ( <i>if applicable</i> ) | <input type="checkbox"/> Benefit Packet                                  | <input type="checkbox"/> TB Results                    |
| <input type="checkbox"/> Proof of Vehicle Insurance                                   | <input type="checkbox"/> Information Technology Authorization Form       |  |

Employee signature acknowledging above information \_\_\_\_\_

Drug test confirmation number (*if applicable*) \_\_\_\_\_

HR Representative verifying information \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

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