

Dear Applicant,

We want to thank you for your interest in working with us. Attached you will find an application, reference request, and background check. We ask that you fill in each blank where appropriate and write **COMPLETE** address including city, state, and ZIP when asked.

**Background Check:** We also run a background and Motor Vehicle Report prior to employment. Please complete the entire form.

**Reference Request:** Please complete the areas that are highlighted. We will mail the reference request to your current/past employer.

**Drug Screening:** All applicants will undergo pre-employment drug testing prior to employment. Please acknowledge on attached form.

Applications with incomplete addresses or missing information will not be considered.

***\*\*\*Please write legibly\*\*\****

## Employment Application

*Please complete the entire application.*

It is the policy of the Cullman County Center for the Developmentally Disabled, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### 1. Applicant Information

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

How do we contact you? Home? Cell? Email? Please list: \_\_\_\_\_

\_\_\_\_\_

2. Job Position Applied for: \_\_\_\_\_

Full or Part-Time: \_\_\_\_\_

3. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list:

\_\_\_\_\_

4. Have you applied to our company previously?  Yes  No If yes, when? \_\_\_\_\_5. Have you been employed with us before?  Yes  No6. Are you at least 18 years old?  Yes  No

7. How will you get to work? \_\_\_\_\_

8. Are you willing to work any shift, including nights and weekends?  Yes  No

If no, please state any limitation: \_\_\_\_\_

9. Can you travel if a job requires it?  Yes  No

10. If you are offered employment, when would you be available to begin work? \_\_\_\_\_

11. If hired, are you able to submit proof that you are legally eligible for employment in the United States?

 Yes  No

12. Are you able to perform essential functions of the job position you seek with or without reasonable accommodation?  Yes  No What reasonable accommodation if any, would you request?

\_\_\_\_\_

13. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of \_\_\_\_\_  
on \_\_\_\_\_ (date) in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

14. Applicant Employment History – List your current or most recent employment first. Please list all jobs (including self-employment, military service, and volunteer activities) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (month/year): \_\_\_\_\_

Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of Employment (month/year): \_\_\_\_\_  
Pay Rate starting: \$ \_\_\_\_\_ Pay Rate Final: \$ \_\_\_\_\_

List professional, trade, business or civic activities and office held. \*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Applicant's Education and Training

College/University Name and Address: \_\_\_\_\_

Did you receive a degree?  Yes  No

High School/GED Name and Address: \_\_\_\_\_

Did you receive a diploma?  Yes  No

Other Training (graduate, technical, vocational): \_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold: \_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service:  Yes  No Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

16. References – List any three non-relatives who would be willing to provide a reference for you.  
(Please fill in complete addresses)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will you consent to a mandatory controlled substance test?  Yes  No

### CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize the Cullman County Center for the Developmentally Disabled, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPLICANT INFORMATION** (Please Print)

**Account Number: 101-106709**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security Number:*	City: State: Zip:
Driver's License Number.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, social networking (i.e. Facebook, Twitter), drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in any state. Credit reports will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired, throughout your employment. An "investigative consumer report" includes information from personal interviews, except in California where that term means any consumer report. 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 and to request a copy of your 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 InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 [www.infomart-usa.com](http://www.infomart-usa.com) or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified directly above. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which Employer shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** Under the Washington Fair Credit Reporting Act, you have the right to ask InfoMart for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**APPLICANT:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: / /



Applicant Name: (First Middle Last)

Account Number: 101-106709

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this Acknowledgement and Authorization and, if I am hired, throughout my employment. I understand that, except in California, InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067 800.800.3774 www.infomart-usa.com, and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself may rely on this authorization to order additional consumer reports, including investigative consumer reports, from time to time during my employment, as deemed necessary for employment purposes and as allowed by law. I also authorize the following agencies and entities to disclose to InfoMart and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself, all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; insurance companies; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, drug testing results, and professional credentials and licenses. I agree that a facsimile ("fax") or photographic copy of this Acknowledgement and Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION AND CREDIT CHECKS PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**APPLICANT:**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_



**Fax BOTH pages to:  
(770) 984-8997**

**Employee Drug Screen Acknowledgment**

By signing this, I acknowledge that prior to employment with CCCDD, I must undergo pre-employment drug testing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# C.C.C.D.D., Inc.

(256) 737-1915  
Fax (256) 734-3231

1807 Beech Avenue SE  
Cullman, AL 35055

## REFERENCE REQUEST

DATE \_\_\_\_\_

I have applied to CCCDD, Inc. for employment, and I desire that they be fully advised of my employment record with your organization. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

We appreciate your replies to the following questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A SASE is enclosed for your convenience.

Name \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Company  
Name/Address/Supervisor \_\_\_\_\_

Employee's Reason for leaving \_\_\_\_\_

### EMPLOYER, PLEASE COMPLETE:

The information indicated above is correct ( ) / Incorrect ( ). If incorrect, please note any discrepancies:

Evaluation: (E = excellent, G = good, F = fair, P = poor)

Ability \_\_\_\_\_ Performance \_\_\_\_\_ Cooperation \_\_\_\_\_ Attendance \_\_\_\_\_ Initiative \_\_\_\_\_ Personality \_\_\_\_\_

Would you re-employ?  Yes  No If not, please give reason: \_\_\_\_\_

Did this employee ever suffer from an injury or severe illness resulting in reduced capacity or lost work time?

Yes  No  If yes, please explain: \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_