

JOB APPLICATION

The Arc of Fayette/Lamar & Marengo Co., Inc.
1428 Temple Ave S, Fayette, Alabama 35555
205-932-8642 Or 1-800-925-5879

The Arc Of Fayette/Lamar & Marengo Co., Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for:

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Personal Information

Have you ever applied to or worked for The Arc of Fayette/Lamar & Marengo Co., Inc. before? Yes No

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for The Arc of Fayette/Lamar & Marengo Co., Inc. Yes No

If yes, state name & relationship: _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying: _____

Note: The Arc of Fayette/Lamar & Marengo Co., Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School			
Name	Location (City, State)	Year Graduated	Degree Earned

College/University			
Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training			
Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Referred by: _____

Do you have a valid Alabama Divers license? Yes or No

May we contact your current employer? Yes or No

AT-WILL EMPLOYMENT

The relationship between you and the The Arc of Fayette/Lamar & Marengo Co., Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the The Arc of Fayette/Lamar & Marengo Co., Inc.. No representative of The Arc of Fayette/Lamar & Marengo Co., Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give The Arc of Fayette/Lamar & Co., Inc. permission to contact schools, previous employers, references and other and hereby release The Arc of Fayette/Lamar & Marengo Co., Inc. from any liability as a result of such contact. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from me from further consideration for employment. In addition, employees who misrepresent or omit facts called for in this application will be dismissed at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employer policies, conformity to our work rules, job performance, etc., and of course employees may elect to leave on their own accord to seek jobs.

I understand that my employment with The Arc of Fayette/Lamar & Marengo Co., Inc. is for no specific term and may be terminated by me or by The Arc of Fayette/Lamar & Marengo Co., Inc. with or without notice or cause at any time. I further understand that no oral promise, Arc Policy, custom, business practice or other procedure (including the Arc Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between The Arc of Fayette/Lamar & Marengo Co., Inc. and me.

The contents of any employee handbook as well as personnel manual, as well as other Arc policies and practices are subject to change or modification by Arc, solely at its discretion, without notice, I also understand that n supervisor or other official of Arc has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, The Arc of Fayette/Lamar & Marengo Co., Inc. requires applicants for employment to undergo urinalysis screening for drug and alcohol use as part of our post-offer physical examination and the offer of employment is contingent upon successfully passing the medical exam and drug/alcohol screening. In addition, all employees of The Arc of Fayette/Lamar & Marengo Co., Inc. are subject to blood tests or urinalysis screening for drug or alcohol use. The Arc of Fayette/Lamar & Marengo Co., Inc. adheres to the rules of a Drug Free Workplace.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature: _____ Date: _____

The Arc of Fayette , Lamar and Marengo Counties Inc.

DRUG-FREE WORKPLACE POLICY

The Arc of Fayette, Lamar and Marengo Counties Inc. is committed to providing an agency that is free of the abuse of alcohol and the illegal use of drugs. It maintains that all employees have the right to pursue their individual goals in a healthy environment, one that is free of the effects of alcohol and drug abuse. Such abuse adversely affects the Agency's achievement of its mission and is not condoned.

In order to promote a safe and efficient agency as well as work environment, the Drug-Free Agency and Workplace Policy statement has been adopted to supplement the existing Policy and Procedures and Disciplinary Guidelines.

Implementation of this policy is subject to restrictions contains in all local, state and federal laws. This policy is in compliance with the Drug- Free Workplace Act of 1988.

STANDARDS OF CONDUCT FOR EMPLOYEES

The unlawful manufacture, distribution, dispensation, possession, or use of illicit drugs or alcohol by employees is prohibited at any time on any Agency property or at any time while on Agency working hours. No employee who is impaired by an illegal drug or by alcohol will work or be present at the workplace. Employees who are suspected of illegal drug or alcohol abuse while being employed by the Agency may be requested to submit to drug testing as indicated below.

DRUG AND ALCOHOL TESTING PROGRAM

The Arc of Fayette, Lamar and Marengo Counties Inc has implemented mandatory pre-employment drug testing. This drug testing will be with an independently contracted agency that has knowledge of substance abuse disorders, laboratory testing procedures and chain of custody collection procedures.

In addition, the Agency reserves the right to request that employees submit to random drug testing. Random drug testing is completed incrementally through the year and can only be at the request of the Executive Director.



Fayette, Lamar
& Marengo Counties

1428 Temple Avenue South
Fayette, Al.
205-932-8642
Fax: 205-932-7867

ACKNOWLEDGMENT RECEIPT

My signature verifies that I have received, read and understand the Drug Free Workplace Policy for The Arc of Fayette, Lamar and Marengo Counties, Inc.

Signature

Date

The Arc is a private non-profit organization serving individuals with intellectual and/or developmental disabilities.

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
ALABAMA ELDER AND ADULT IN NEED OF PROTECTIVE SERVICES ABUSE REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink.

PHD

Agency/Organization Name: The Arc of Fayette/Lamar & Marengo Co., Inc.

Agency/Organization Email: arc4088@gmail.com

Phone #: 205-932-8642

Agency/Organization Mailing Street Address: 1428 Temple Avenue South

City: Fayette

State: AL

Zip Code: 35555

Check All That Apply: Direct work with Vulnerable Adults DHR

Service Provider: (check box below)

Assisted Living Community/Center Specialty Case Assisted Living Community/Center

Home Health Agency Hospice Program or Residential Hospital Long Term Care Facility

Skilled Nursing Facility Rehabilitation Facility Adult Foster Homes Other Private Non-Profit-CRF/DS for ID

Requestor's Name Last: Duckworth

First: Tammy

Middle:

Requestor Signature _____ Date _____

Witness Signature _____ Date _____

The person whose name and identifying information, printed or typed below, will provide unsupervised care and/or work with vulnerable adults. This person's specific job/role is or will be: _____

PLEASE PRINT

Name: Last:

First:

Middle:

Sex: Male Female Race:

DOB:

Last 4 digits of SSN#

Current Mailing Street Address:

City:

State:

Zip:

To be completed by person being cleared

I authorize the Alabama Department of Human Resources (Department) to release information it maintains regarding any Alabama Adult Abuse Neglect and/or Exploitation investigation(s), Department of Mental Health investigation(s), Department of Public Health investigation(s), criminal convictions related to certain convictions and/or Protection from Abuse Orders about me to the above-named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me. I understand information being reviewed may have been generated by agencies other than DHR. I understand the purpose of the review is to assist the Department in preventing Abuse, Neglect and/or Exploitation of vulnerable adults.

Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

To be completed by DHR

A search of the Alabama Elder and Abuse in Need of Protective Services Abuse Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for Adult Abuse, Neglect and/or Exploitation, has criminal convictions and/or an order for Protection from Abuse. The Department releases only that information which is necessary to discover or prevent Adult Abuse, Neglect and/or Exploitation. The information being provided is accurate as of the date listed and is based on information maintained by DHR and submitted by collaborating agencies.

Information located (i.e., indicated, true, founded). Reported by: AOC DMH Pub Health DHR

Charge(s) :

Protection from Abuse Order Physical Abuse Sexual Abuse Emotional Abuse Neglect Exploitation

Other _____

No information located Request Denied

Office of Adult Protective Services :

Date Completed:



AUTHORIZATION

I HEREBY AUTHORIZE (The Arc of Fayette, Lamar and Marengo Counties, Inc.) to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS's Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:
Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view ESS's privacy policy, please go to www.es2.com/privacy-policy/

Please type or print using black ink. Illegible writing will cause delays.

<u>Last Name:</u>		<u>First Name:</u>	<u>Middle Name:</u>	
<u>Date of Birth:</u>	<u>Social Security Number:</u>		<u>Driver's License Number and State:</u>	
<u>Current Address:</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Degree obtained:</u>	<u>Year Graduated:</u>	<u>Name of School:</u>		<u>City and State of School:</u>
<u>Last Name Used at Time of Graduation:</u>		<u>Other Aliases (Other Names I Have Been Known By):</u>		

**DISCLOSURE OF PROCUREMENT OF
INVESTIGATIVE CONSUMER REPORT**

PLEASE BE ADVISED that (The Arc of Fayette, Lamar and Marengo Counties, Inc). may obtain an investigative consumer report about you from a third-party consumer reporting agency for employment purposes. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

~ End of document ~

Note to Company:

Leave a copy of this disclosure with the applicant/employee.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency, violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**DISCLOSURE REQUIRED BY
THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA)**

THE FCRA REQUIRES THAT WE GIVE YOU THE FOLLOWING INFORMATION

1. In considering whether to: (a) hire you, (b) to continue your employment with **ARC OF FAYETTE / LAMAR & MARENGO COUNTIES, INC.** or (c) to promote you, we may from time to time request and rely upon a consumer report obtained from a consumer reporting agency that contains information regarding your driving history and/or driving record.
2. We will notify you if we make an adverse employment decision based wholly or partially in regard to your driving history and/or your driving record.
3. We are required to obtain your written authorization prior to obtaining a copy of your driving history and/or your driving record. If you wish to authorize us to obtain your driving history and/or record, you may indicate your consent by signing the Authorization to obtain your driving history/and or driving record below.

AUTHORIZATION TO OBTAIN DRIVING HISTORY AND/OR DRIVING RECORD

I have read **ARC OF FAYETTE / LAMAR & MARENGO COUNTIES, INC.** disclosure and understand that a driving history and/ or driving record may be relied upon in considering my application for employment, continuing employment or promotion. I authorize **ARC OF FAYETTE / LAMAR & MARENGO COUNTIES, INC.** to obtain a copy of my driving history and/or driving record at this time and at any time in the future that I am employed by **ARC OF FAYETTE / LAMAR & MARENGO COUNTIES, INC.**

Date

Signature

Date of Birth

Print Name

Drivers License Number and State

Years experience for driving

WITNESS _____

**This Organization
Participates in E-Verify**

Sample Only

**Esta Organización
Participa en E-Verify**

Sólo muestra

E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

E-Verify.gov



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English / Spanish Poster