

# LEAD Center, Inc.

4323 W. Cactus Rd., Ste. 14, Glendale, Arizona 85304

Phone: (602) 978-1373

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## Employment Application

Federal and State Law require that all applicants be considered without regard to race, religion, color, sex, age, or national origin. We believe in and fully support the principles of **Equal Opportunity Employment** and will fulfill our obligation to the fullest.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ 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? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### 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 ☐

(Employment Continued)

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  
☐ ☐

### 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: \_\_\_\_\_

#### E-Verify

The LEAD Center, Inc. participates in the E-Verify Program. Effective January 2008 all persons offered employment at The LEAD Center, Inc. will be entered into E-Verify system. E-Verify is an internet-based system operated by the Department of Homeland Security in partnership with the Social Security Administration that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

#### Smoke Free Arizona

This employer enforces all regulation of the Smoke Free Arizona policies.

Under Titles VI and VII, of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, The LEAD Center, Inc. prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The LEAD Center, Inc. must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that, if necessary, The LEAD Center, Inc. must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that The LEAD Center, Inc. will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if possible. Please contact: Shannon Coleman at (602) 978-1373

## Background Check Authorization

I, \_\_\_\_\_ hereby authorize The LEAD Center and its designated agents to conduct a comprehensive background check as part of the employment application process. I understand that this background check may include, but is not limited to, criminal history checks, child abuse and neglect registry checks, adult protective services registry checks, and verification of professional licensure or certification.

## Applicant Information:

- Full Name: \_\_\_\_\_
- Current Address: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Social Security Number (optional, but may expedite the background check process): \_\_\_\_\_

## Background Check Information:

I understand that the background check may encompass the following:

1. **Criminal Background Check:** This includes checks with the Arizona Department of Public Safety (AZDPS) and the Federal Bureau of Investigation (FBI) to determine if I have any criminal convictions.
2. **Child Abuse and Neglect Registry Check:** I acknowledge that The LEAD Center will screen me against the Arizona Child Abuse and Neglect Registry to ensure I am not listed as a perpetrator of child abuse or neglect.
3. **Adult Protective Services Registry Check:** I acknowledge that The LEAD Center will screen me against the Adult Protective Services Registry to ensure I am not listed as a perpetrator of abuse, neglect, or exploitation of vulnerable adults.
4. **Verification of Professional Licensure or Certification:** If applicable to the position I am seeking, I understand that The LEAD Center will verify my professional licensure or certification with the respective licensing or certifying agency.

**Applicants Rights Under Federal and State Law:**

I acknowledge that I have been informed of my rights under federal and State of Arizona law concerning background checks:

- I have the right to know what is being reported in my background check.
- If adverse action is taken based on information in my background check, I will receive a copy of the report, a summary of my rights under the Fair Credit Reporting Act (FCRA), and an opportunity to dispute any inaccurate information.
- I understand that providing false or misleading information during the application process may result in disqualification from employment.

**Applicant Declaration :**

Have you ever been convicted of any crime including sex-related or child abuse related offenses?

☐ Yes ☐ No

**Applicant Signature:**

By signing below, I hereby consent to the background check described above and acknowledge that I have been informed of my rights under federal and State of Arizona law.

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

**The LEAD Center Representative:**

I certify that I have explained the background check process to the applicant and provided them with a copy of this consent and disclosure form.

Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_