

## Disclosure & Authorization Form for Consumer Reports

This serves to advise you that in consideration for employment (including contract service) with SARAH Tuxis, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, employment history, a review of any local, county, state and federal government agency records, court public record, driving records (MVR), worker's compensation claim files, and employment personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living and work habits. The source of these reports will be First Advantage, 2180 W. SR 434, Suite 4150, Longwood, FL. 32779. Toll free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report will be Motor Vehicle records and Criminal background checks. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

SARAH Tuxis will make what we believe to be reasonable efforts to protect the confidentiality of the Social Security numbers we collect in the course of business by maintaining physical, electronic and procedural safeguards to protect their confidentiality, including:

- ◆ Limiting access to the Social Security numbers we collect
- ◆ Prohibiting unlawful disclosure of the Social Security numbers we collect
- ◆ Reviewing these safeguards on a regular basis
- ◆ Training our employees in the proper handling of Social Security numbers
- ◆ Requiring that third parties with access to Social Security numbers protect their confidential

\_\_\_\_\_  
Printed Full Name

( \_\_\_\_ ) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden or other name used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

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

Final hire will be contingent on successful completion of this process, in accordance with agency policy and guidelines.



# Employment Application

An Equal Opportunity Employer

45 Boston St

Guilford CT, 06437

Phone: (203) 458-8532 Fax: (203) 458-7717 203-453-7717



### Personal Information:

Name:		E-mail Address:	
Address: City:		State:	Zip:
Home Phone #:	Cell Phone #:	Work Phone #:	
Positions Applying For:			
Expected Rate of Pay: \$			Per:
Shift Preferences: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend			
Hours Available:			
Mon:	Tue:	Wed:	Thu:
Fri:	Sat:	Sun:	
Are any of your relatives presently employed at SARAH Tuxis:		If Yes, Name & Relationship:	
Have you ever worked for SARAH Tuxis?		If Yes, Position & Dates:	
Do you possess a valid motor vehicle operator's license?		Type/Class:	
		State:	
Do you have current auto insurance in your name?			
How did you hear about SARAH Tuxis: If referred by a current employee, please enter employee's name:			
In the <b>last seven years</b> have you been convicted of a felony or misdemeanor? (conviction will not necessarily bar you from employment with SARAH Tuxis) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			

### Certification & Licenses:

Have you completed any special courses, seminars or training that would enable you to perform the position(s) which you are applying for?:  
If Yes, please describe:

Please check any Technical or Professional Licenses you have:  
 First Aid    CPR    PMT    Medication Certification    Other:

### References:

Name	Relationship	Years Known	Telephone #:



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45 Boston St

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Education:				
Level	Name	City & State	Course of Study	Diploma or Degree Received
High School / GED				
Vocational / Trade				
College				
Graduate School				

Employment:			
<b>Name of Employer:</b>		<b>Dates of Employment</b>	
<b>Address:</b>			
<b>Telephone Number:</b>		<b>May we contact:</b>	
<b>Your Position/Title:</b>		<b>Supervisors Name/Title:</b>	
<b>Reason for leaving:</b>		<b>Ending Rate of Pay:</b>	
<b>Name of Employer:</b>		<b>Dates of Employment</b>	
<b>Address:</b>			
<b>Telephone Number:</b>		<b>May we contact:</b>	
<b>Your Position/Title:</b>		<b>Supervisors Name/Title:</b>	
<b>Reason for leaving:</b>		<b>Ending Rate of Pay:</b>	
<b>Name of Employer:</b>		<b>Dates of Employment</b>	
<b>Address:</b>			
<b>Telephone Number:</b>		<b>May we contact:</b>	
<b>Your Position/Title:</b>		<b>Supervisors Name/Title:</b>	
<b>Reason for leaving:</b>		<b>Ending Rate of Pay:</b>	

**Notification & Agreement:**

SARAH Tuxis is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, sexual orientation, marital status, national origin, disability, handicap, or veteran status. This application is good for sixty days only. Consideration for employment after 60 days requires a new application.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

No representative or agent of SARAH Tuxis has the authority to enter into any agreement for employment for any specified period of time other than the Executive Director.

I understand that in order to be eligible for employment, I must be a citizen or a natural of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. I further understand that to be employed by SARAH Tuxis, I will be required to present evidence of my identity and employment eligibility that are genuine and relate to me and the Federal Law provides for imprisonment and/or fine for any false statements or use of false documents in connection with my eligibility verification.

I understand as a condition of my employment, I will be subject to a criminal background investigation.

I acknowledge that I have read and understand that above statements and hereby grant permission to confirm the information supplied on this application by me.

<b>Signature:</b>		<b>Date:</b>	
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