

**APPLICATION FOR EMPLOYMENT**

**Extended Family Services**

(Equal Opportunity Employer)

**980-0700**

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

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_ Are you 18 years or older?: \_\_\_\_\_

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

Other cities, states that you have resided:

City, State, Dates: \_\_\_\_\_ City, State, Dates: \_\_\_\_\_

City, State, Dates: \_\_\_\_\_ City, State, Dates: \_\_\_\_\_

City, State, Dates: \_\_\_\_\_ City, State, Dates: \_\_\_\_\_

---

**Position desired:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_

Full Time \_\_\_ Part Time \_\_\_ Overnights \_\_\_ Weekends \_\_\_ 24 Hour Shifts \_\_\_

---

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?:** \_\_\_\_\_

If yes, explain in detail:


**EDUCATION:**

SCHOOLS / COLLEGES ATTENDED

School	Location	# years	Degree / Year

**FORMER EMPLOYERS:**

List below your employers from the past 5 years, starting with the most recent

Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Starting date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Please list this information for other employers during the past 5 years, below and/or on the back of this page.

**REFERENCES:**

List the names of three persons you are not related to, whom you have known at least one year

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business (if applicable): \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business (if applicable): \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business (if applicable): \_\_\_\_\_ Years acquainted: \_\_\_\_\_

**SPECIAL SKILLS:**

Describe any special skills or qualifications for this work:


**AUTHORIZATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or in my interview shall be grounds of dismissal. I authorize Extended Family Services to investigate any statement contained in this application as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement.

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

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



**Extended Family Services**

I hereby authorize Extended Family Services to make inquiries, either by written communication, by telephone, online, or in person to any present or former employer, creditor, credit bureau, government agency, educational institution, military establishment or any other persons or institutions knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, wages, performance levels, reliability, responsibility, honesty and any other measures of my character or personality.

In consideration for your developing such information, I specifically waive any confidential relationship of privacy position, which may exist between us and completely release you from any responsibility or liability for damages, which may occur as a result of the disclosure of this information.

A photostatic, facsimile, or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Background Investigation Requested By:  
Extended Family Services  
1000 E. Harper Avenue  
Maryville, TN 37804

Background Investigation Compiled By:  
Fowlers' Profile Links, Inc.  
P. O. Box 291043  
Nashville, TN 37229-1043

## Extended Family Services

### DISCLOSURE AND AUTHORIZATION FORM

#### (1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Name (s): \_\_\_\_\_ / \_\_\_\_\_  
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Driver's License: \_\_\_\_\_

#### Previous Residential Addresses (Previous 7 years):

##### Former Address:

Street City State Years Resided

##### Former Address:

Street City State Years Resided

##### Former Address:

Street City State Years Resided

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 7 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

### DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

#### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Extended Family Services 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. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle

records (“driving records”), verification of your education or employment history, or other background checks. 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Extended Family Services** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and 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 applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Extended Family Services** by contacting the consumer reporting agency identified above directly.

### **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” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any 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 requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of **Extended Family Services**, and/or **Extended Family Services**, itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

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.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION 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 at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_