

Fremont Counseling Service
Application for Employment - Work History

Please provide us with ten years of work history, include relevant work experience,
and explain gaps in employment. Attach more sheets, if necessary. Please do not use "Refer to Resume."

Employer: _____ Phone Number _____

City/State: _____

May we contact this employer regarding your employment history and performance? Yes No

Position Held: _____

Dates of Employment: _____ From _____ To _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Immediate Supervisor: _____

Employer: _____ Phone Number _____

City/State: _____

May we contact this employer regarding your employment history and performance? Yes No

Position Held: _____

Dates of Employment: _____ From _____ To _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Immediate Supervisor: _____

Employer: _____ Phone Number _____

City/State: _____

May we contact this employer regarding your employment history and performance? Yes No

Position Held: _____

Dates of Employment: _____ From _____ To _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Immediate Supervisor: _____

Fremont Counseling Service

Application for Employment

--I hereby authorize Fremont Counseling Service to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Fremont Counseling Service and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

--I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever it may be discovered.

--If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer, can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

--I agree that neither the acceptance of this application by Fremont Counseling Service nor the subsequent entry into any type of employment relationship, either in the position applied for (or any other position), and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like (as they may exist from time to time), or any other Fremont Counseling Service practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Fremont Counseling Service, or otherwise to change in any respect the employment-at-will relationship between Fremont Counseling Service and the undersigned, and that relationship cannot be altered. Both the undersigned and Fremont Counseling Service may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Fremont Counseling Service may unilaterally change or revise their benefits and/or policies and procedures and such changes may include reduction in benefits.

--I understand that it is the policy of Fremont Counseling Service not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA (American's with Disabilities Act).

--I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

--I understand that Fremont Counseling Service is an Equal Opportunity Employer.

--I understand that Fremont Counseling Service is a tobacco-free organization and that I will, if hired, follow FCS policies in this regard.

--I understand that personal and professional references will be contacted and asked pertinent questions related to possible employment. I hereby authorize Fremont Counseling Service representatives to make such contacts. I also hereby release the individuals I have listed as references from liability in regard to the information that they may provide to FCS on my behalf.

--I understand that Fremont Counseling Service will perform initial background checks (including, but not limited to, criminal history, driving record, abuse/neglect history) before an offer of employment can be made.

--I understand that Fremont Counseling Service requires all employees to undergo various additional background checks (including, but not limited to, criminal history, driving record, abuse/neglect history).

DISCLOSURE

As part of our background investigation for hiring, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigative report. You are also entitled to your Rights Under the Fair Credit Reporting Act.

--I understand that I will be notified if adverse information is found in a consumer report. I will be provided with a copy of the report, the summary of Rights under the Fair Credit Reporting Act and notification that FCS is contemplating taking adverse action in regard to my application for employment.

I represent and warrant that I have read and fully understand the foregoing and that I am seeking employment under these conditions. (If you choose not to sign this page, we will not be able to further consider your application for employment.)

Applicant Signature

Date

**AUTHORIZATION OF RELEASE
OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION**

To Be Completed by Person Being Screened (Please type or print legibly)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or vulnerable adults or crimes against person(s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be the grounds for termination of employment.

Full Legal Name _____

Maiden Name _____ Aliases _____

Social Security Number _____ Date of Birth _____

Ethnicity

- Caucasian
- Hispanic
- Asian
- Native American
- Black
- Other _____

Gender: Male Female

Current Address _____

City _____ State _____ Zip _____ Phone _____

List All Addresses for the past ten (10) years

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Facility/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

AUTHORIZATION IS VALID 30 DAYS FROM THE DATE SIGNED

Signature of Person Being Screened

Date (valid for 30 days)

AUTHORIZATION TO RELEASE INFORMATION (for Background Check)

I, _____
Last Name First Name Middle Name

Current Address Dates Lived Here

Addresses for the past five years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name)

Social Security Number Drivers License Number State Issued

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history (if applicable), criminal history, personal character, and worker's compensation records (in accordance with ADA), labor and wage records, etc., and authorize any duly authorized agent of IntelliCorp Records Inc to obtain, whether the said records are public or private (including those which may be deemed to be privileged or confidential in nature), and I release all persons from liability on account of such disclosures.

Information appearing on this Authorization will be used exclusively for identification purposes by FCS staff to initiate a background check through IntelliCorp Records Inc and for the release of information which will be considered in determining suitability for employment.

I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application.

I authorize, without reservation, any party or agency contacted by IntelliCorp Records Inc to furnish the above-mentioned information. If hired, this authorization is valid during the course of my employment to the extent permitted by law.

**I hereby, do _____ do not _____ authorize you to contact *my current employer* for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in your employment application affiliated with your current employer.)

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment, if hired.

Printed Name

Applicant Signature Date