

Kids-U Employment Application



Date:

Personal Information

Legal Name:

Maiden Name:

SSN:

Preferred Name:

Current Address:

Phone#:

Email:

Are you a U.S. citizen or a lawful permanent resident? YES No

Do you have a driver's license? Yes No Do you drive your own car? Yes No

Do you speak Spanish? Other Languages?

How did you hear about this position?

Contact & References

Emergency Contact: Name Phone #

Professional Reference: Name Phone #

Personal Reference: Name Phone #

Education

Highest level of education completed:

Name of High School Name of College

What degree was obtained?

Employment History

Employment History: (please list current employer first)

Place of Employment Title Beginning Date Ending Date

Why do you want to work at Kids-U?

Legal

Have you ever been arrested or convicted of any criminal offense? Yes No

If yes, please explain:

Certification

I hereby certify that all information submitted on this application is true and give Dallas Community Lighthouse dba Kids-U permission to conduct a criminal background check and contact my references.

Applicant Signature:

Dallas Community Lighthouse DBA Kids-U is a nonprofit, 501c3 organization which does not discriminate in the recruitment and placement of employees or volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be accepted. Consideration necessitates that you meet all conditions required for the position for which you are applying. A criminal background check will be run and random drug testing for all employees and volunteers is an option of this agency.

Background Verification



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Dallas Community Lighthouse dba Kids-U		
Contact Name Diana Baker			
Agency's Main Phone Number 215-503-3672		Agency's Fax Number 214-503-0262	

APPLICANT INFORMATION

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used		
Current Address					
City		State		Zip Code	County
Social Security Number		Date of Birth	Driver's License Number		State Issued
Position Applied For					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

Applicant Signature

Date