



## ARNOLD CENTER, INC. APPLICATION FOR EMPLOYMENT

Failure to complete the application in it's' entirety may result in not being considered for employment. If you have questions please request assistance.

Date:

Name

Last

First

Middle

Maiden

Present Address

Number/Street

City

State

Zip

Home Phone

Cell Phone

Email

Social Security No. X X X – X X - \_ \_ \_ \_

If under 18, please list age \_ \_ \_ \_

Days/hours available to work

Position applied for (1) \_ \_ \_ \_ \_

and salary desired (2) \_ \_ \_ \_ \_

No Preference

Thursday

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

How many hours can you work weekly?

Can you work nights? \_ \_ \_ \_ Yes \_ \_ \_ \_ No

Employment desired \_ \_ \_ \_ FULL-TIME ONLY \_ \_ \_ \_ PART-TIME ONLY \_ \_ \_ \_ FULL- OR PART-TIME \_ \_ \_ \_ TEMPORARY

TYPE OF SCHOOL  
(High School, College,  
Business or Trade School,  
etc.)

NAME OF SCHOOL

LOCATION  
(Complete mailing address)

NUMBER OF  
YEARS  
COMPLETED

MAJOR &  
DEGREE  
OBTAINED

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? \_ \_ \_ \_ Yes \_ \_ \_ \_ No If yes, Give date:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_ \_ \_ \_ No \_ \_ \_ \_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. An affirmative answer to this question will not necessarily preclude employment; however a false answer will preclude employment.

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### Residence

**Please list all States you have resided in since age 16 (to the nearest year)**

| State | From | To |
|-------|------|----|
|       |      |    |
|       |      |    |
|       |      |    |
|       |      |    |

### Driving Record

Do you have a drivers License? \_\_\_\_Yes \_\_\_\_No License Number \_\_\_\_\_

State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type: \_\_\_\_Operator \_\_\_\_Commercial (CDL) \_\_\_\_Chauffeur

Have you had any accidents during the past three years? \_\_\_\_Yes \_\_\_\_No If yes, how many? \_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_Yes \_\_\_\_No If yes how many? \_\_\_\_

### Work History

Please list your work experience (including any military experience) beginning with your most recently held job. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|                                                                                                                                               |  |                         |                  |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|------------------|---------------|
| Name of employer                                                                                                                              |  | Name of last supervisor |                  | Pay or salary |
| Address                                                                                                                                       |  |                         | Employment dates |               |
| City, State                                                                                                                                   |  |                         | From             |               |
| Phone number                                                                                                                                  |  |                         | To               |               |
| Your last job title                                                                                                                           |  |                         |                  |               |
| Reason for leaving (be specific)                                                                                                              |  |                         |                  |               |
| List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                         |                  |               |

## Work History Continued

|                                                                                                                                               |  |                         |                                |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer                                                                                                                              |  | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Address                                                                                                                                       |  |                         |                                |                                 |
| City, State                                                                                                                                   |  |                         |                                |                                 |
| Phone number                                                                                                                                  |  |                         |                                |                                 |
| Your last job title                                                                                                                           |  |                         |                                |                                 |
| Reason for leaving (be specific)                                                                                                              |  |                         |                                |                                 |
| List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                         |                                |                                 |

|                                                                                                                                               |  |                         |                                |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer                                                                                                                              |  | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Address                                                                                                                                       |  |                         |                                |                                 |
| City, State                                                                                                                                   |  |                         |                                |                                 |
| Phone number                                                                                                                                  |  |                         |                                |                                 |
| Your last job title                                                                                                                           |  |                         |                                |                                 |
| Reason for leaving (be specific)                                                                                                              |  |                         |                                |                                 |
| List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                         |                                |                                 |

|                                                                                                                                               |  |                         |                                |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer                                                                                                                              |  | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Address                                                                                                                                       |  |                         |                                |                                 |
| City, State                                                                                                                                   |  |                         |                                |                                 |
| Phone number                                                                                                                                  |  |                         |                                |                                 |
| Your last job title                                                                                                                           |  |                         |                                |                                 |
| Reason for leaving (be specific)                                                                                                              |  |                         |                                |                                 |
| List the jobs you held, description of duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                         |                                |                                 |

## Work References

Please list three work reference; employment supervisors who have given you authorization to use them as references. If you do not have three work references list only pre-authorized references such as instructors, volunteer coordinators, intern coordinators, project managers, etc. Please do not list family members or friends.

|                       |           |
|-----------------------|-----------|
| Name                  | Position  |
| Company               | Telephone |
| Address               |           |
| Description of duties |           |

|                       |           |
|-----------------------|-----------|
| Name                  | Position  |
| Company               | Telephone |
| Address               |           |
| Description of duties |           |

|                       |           |
|-----------------------|-----------|
| Name                  | Position  |
| Company               | Telephone |
| Address               |           |
| Description of duties |           |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

## ARNOLD CENTER, INC. APPLICATION FOR EMPLOYMENT

### PLEASE READ CAREFULLY BEFORE SIGNING

If you are hired, this application will become a part of your official employment record.

By signing below, and in exchange for the consideration of my job application by Arnold Center, Inc., I understand and agree that:

- Neither the acceptance of this application 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 other agency practices, shall serve to create an actual or implied contract of employment with Arnold Center, Inc., or to confer any right to remain an employee of Arnold Center, Inc., or otherwise to change in any respect the employment-at-will relationship between the Arnold Center and the undersigned. I further understand that the employment-at-will relationship means that, both the undersigned and Arnold Center, Inc. may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Arnold Center may unilaterally change or revise, its benefits, policies and procedures and that such changes may include reduction in benefits. The nature of this employment-at-will relationship cannot be altered except by a written instrument signed by the President of the Arnold Center.
- The information provided by me in this application is accurate and complete. I understand that, if I am hired, this application will become a part of my official employment record. I understand that any misrepresentation or omission of facts in this application may result in my dismissal at any time without any previous notice.
- The Arnold Center has my permission to contact schools, previous employers (unless otherwise indicated), references, and others in order to verify the accuracy of the information contained in this application. I hereby release the Arnold Center from any liability as a result of such contact.
- Any claim or lawsuit I may have relating to my employment with Arnold Center, Inc. must be filed by me in the appropriate court no more than six (6) months after the date of the employment action that is the subject of any claim or lawsuit I may have. I hereby waive any right I may have to any statute of limitations (period of time in which a lawsuit may be filed) that is greater than six months.

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Arnold Center, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Arnold Center depends solely on the results of your participation in the complete selection process.

Form #: 0007 - Application for Employment  
Rev: 5/16/23 ja



## **BACKGROUND DISCLOSURE AND AUTHORIZATION FORM**

The Arnold Center will request background information about you from a consumer report agency and other sources in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports (interviews, online research, etc.). These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Arnold Center, throughout your employment.

The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; social media, criminal conviction records check; public court records check; driving records check, Recipient's Rights check, federal debarments, educational records check, employment verifications: personal and professional reference checks; licensing and certification records checks; etc. Information contained in the reports will be obtained from private and public record sources including, as appropriate, personal interviews.

Background checks are position sensitive. Meaning, a more comprehensive investigation may be required pursuant to state or federal law for certain positions such as president, vice president and chief financial officer.

The information obtained from background reports will only be used by the Arnold Center for employment purposes under the fair Credit Reporting Act, which means that information obtained from the background reports will be used for employment candidate screening, promotion, reassignment or retention of the employee.

*The Arnold Center's Administrative Office Manager will prepare and assemble background reports for the Arnold Center. For information and questions regarding the disclosure and authorization process, including the nature and scope of the consumer reports, contact the Arnold Center's Administrative Office Manager at (989) 631-9570. **A summary of your rights under the Fair Credit Reporting Act is also being provided to you (see attachment).***

## AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATIONS

I have carefully read and understand this disclosure and authorization and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer report prepared by the Arnold Center. I understand that if the company hires me, my consent will apply and the Arnold Center may obtain reports, throughout my employment.

I understand that information contained in my employment application, or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining and evaluating background reports on me.

By my signature below, I authorize law enforcement agencies, learning institutions, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the Arnold Center.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of the Arnold Center.

|                                                         |                    |                     |
|---------------------------------------------------------|--------------------|---------------------|
| First Name:                                             | Middle:            | Last:               |
| Street Address:                                         |                    |                     |
| City:                                                   | State:             | Zip Code:           |
| SSN:                                                    | Drivers License #: |                     |
| *Date of Birth:                                         | *Race:             | *Sex:      M      F |
| Other names used:                                       |                    |                     |
| List other states you have resided in (Last ten years ) |                    |                     |
| State:                                                  | From:              | To:                 |
| 1.                                                      |                    |                     |
| 2.                                                      |                    |                     |
| 3.                                                      |                    |                     |
| 4.                                                      |                    |                     |

\*This information will be used to obtain required consumer reports only. It will not be taken into consideration in any employment decisions.

|                         |       |
|-------------------------|-------|
| Applications Signature: | Date: |
|-------------------------|-------|

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567- 8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS:                                                                                                              | PLEASE CONTACT:                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Consumer reporting agencies, creditors and others not listed below.                                                            | Federal Trade Commission: consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357                                         |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743                      |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                    | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693                                      |
| Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in institutions name”   | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929                                                    |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name)                                              | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600                                               |
| State-chartered banks that are not members of the Federal Reserve Systems                                                      | Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City. MO 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission            | Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306                                        |
| Activities subject to the Packers and Stockyards Act, 1921                                                                     | Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051                                    |