

General Information

Subjects of Special Interest _____
Special Skills _____
Military Service _____ Type of Discharge _____ Branch _____

Previous Work Experience

(1) Employer Name: _____ Position: _____
Address : _____ Phone: (____) _____
Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
Supervisor Name and Title: _____
Summary of Duties: _____
Reason For Leaving: _____

(2) Employer Name: _____ Position: _____
Address : _____ Phone: (____) _____
Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
Supervisor Name and Title: _____
Summary of Duties: _____
Reason For Leaving: _____

(3) Employer Name: _____ Position: _____
Address : _____ Phone: (____) _____
Starting Date: _____ End Date: _____ Final Salary/Hr Rate: _____
Supervisor Name and Title: _____
Summary of Duties: _____
Reason For Leaving: _____

Professional References

	Name	Address	Phone	Years	Occupation
(1)					
(2)					
(3)					

Applicant Statement and Signature

* 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 shall be grounds for dismissal.
* I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for damage that may result from furnishings gave to you. If there are any listed that I do not give permission to talk with, it is my responsibility to inform the employer they do not have permission to speak with that previous employer/reference.
* I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.
* I give West Midland Family Center permission to obtain police records on myself:

Applicant Signature: _____ Date: _____

As required by the Dept of Human Services (DHS), all staff working with children must answer the following questions, questions with a "yes" or "no" answer.

Have you ever been convicted of an offense other than a minor traffic violation?
Have you ever been involved in the abuse or neglect of children?

Applicant Signature: _____ Date: _____

General Release of Information Form

I hereby authorize West Midland Family Center (WMFC) to either utilize the services of an outside agency, or investigate themselves, my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include DMV records: civil and criminal court records; County, State, and Federal tax liens; notices of default and bankruptcies; and, other records as may be appropriate. Previous employment references will also be verified. I understand I have a right to make written request within a reasonable time of the disclosure of the name and address of the consumer reporting agency (if one is used) so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract or employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Note to applicant: Initial all those that you are willing to release.

Any organization listed on the resume I submitted for employment consideration.

All employers past and current, including any and all co-workers.

All personal references I provided.

Any and all law enforcement agencies, banking institutions, credit agencies, government agencies.

Any and all teachers, administrators or other school personnel affiliated with the colleges or universities listed on my resume.

People or Organizations that this release does not cover:

WMFC does not have my permission to talk to any of the following people or organizations that I have listed:

1. _____
2. _____

PLEASE PRINT CLEARLY

Name of applicant: _____		
Other Names Used - Include maiden name, aliases, and nicknames		
Address: _____		
City/State/Zip		
Telephone: _____	Social Security Number: _____	
Date of Birth: _____	Drivers License Number: _____	
Drivers License Number	Type: _____	State: _____
Signature: _____		Date: _____

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE DEEMED AN ORIGINAL AND SHALL BE ACCEPTED AS SUCH BY EVERY PERSON.

This permission for release of information is in effect for 30 days starting from the date I signed this form.

I

