

Helen's Agency

Application for Corporate Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, or national origin.

Date _____

First/Middle name _____ Last name _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Tel: (____) _____ Cell: (____) _____ Email: _____ @ _____

Position applying for: _____

When are you available to begin? _____

Are you looking for full-time employment? Yes No

If not, what hours are you available? _____

What days are you available to work? (Please underline) Mon Tues Wed Thurs Fri Sat Sun

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you able to travel within the country? Yes No **If so, can you travel internationally?** Yes No

Background

Are you willing to submit to a criminal background investigation? Yes No

If so, please provide your date of birth ____ / ____ / ____ and, Social Security # _____

Month Day Year

Are you currently receiving any state assisted income? Yes No

Have you ever filed a claim/lawsuit against a past employer? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain

Education

School Name and Location _____ Year _____ Major _____ Degree _____

High School _____

College _____

In addition to your work history, are there other skills, qualifications, certificates, or experience that we should consider? _____

Attach resume and letters of recommendation along with any copies of certificates, if applicable.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Helen's Agency is hereby authorized to make any investigations of my prior educational, employment, and criminal history.

How did you hear of our agency? _____

Signature _____ Date _____

Helen's Agency Consumer Report Disclosure and Authorization Form

Helen's Agency, Inc. may, with your consent, obtain a consumer report, as defined by the Fair Credit Reporting Act (FCRA), from Imperative Information Group, Inc., a consumer reporting agency, related to your prospective, continued, or future employment. Such report may include, as allowed by law, information regarding previous or current military service, employment, education, criminal, driving history, credit or other matters that may be relevant to the position sought or held.

This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living obtained through personal interviews). You may request that the nature and scope of any investigative consumer report be disclosed to you.

Identity Information-- This information will be used only in preparing a consumer report.

First Name:

Middle Name:

Last Name:

Other Names Used:
(maiden names or aliases)

Email Address:

Social Security Number: - -

Date of Birth: Month: Day: Year:

Current Home Address:

City: State: ZIP:

Drivers License State: Number:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

By signing below, I:

- Authorize Helen's Agency, Inc. or any of its affiliated or successor companies to obtain the consumer reports described above at any time in connection with my prospective or continued employment,
- Acknowledge receipt of the summary of my rights under the FCRA, and
- Request and authorize all individuals, agencies, and businesses to release information regarding my previous or current military service, employment, education, criminal or civil litigation, conduct, experience, or other matters to Imperative Information Group, Inc., including information which may be deemed negative, in order to complete these reports, to the extent allowable under law.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date Signature

For California, Minnesota, or Oklahoma applicants only:

I request a copy of my consumer report be sent to the home address listed above.