

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This facility does not discriminate on the basis of race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, or citizenship in admission or access to or treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

Date: _____

Name: _____ Social Security No. _____
Last First Middle

Address _____ Tel. No. () _____ A.M.

City _____ State _____ Zip Code _____ Tel. No. () _____ P.M.

Position(s) applied for: _____ Salary desired _____

Are you applying for: Full-time Part-time Temporary Regular Summer employment

If seeking part-time work, specify the number of days per week _____

How soon will you be available for employment? _____

Shift preference (check one) Day _____ Evening _____ Night _____	If preferred shift is unavailable, will you work? Day Yes _____ No _____ Evening Yes _____ No _____ Night Yes _____ No _____	If required, will you work? Saturdays Yes _____ No _____ Sundays Yes _____ No _____ Holidays Yes _____ No _____ Rotating Shifts Yes _____ No _____
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Are you either a U.S. Citizen or an Alien who has the legal right to work in the job(s) for which you are applying? Yes _____ No _____

Are you 18 or older? Yes _____ No _____

Have you ever been convicted of any felony other than a minor traffic violation? Yes _____ No _____

A felony conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of felony and your subsequent rehabilitation. _____

Have you ever been disciplined for resident abuse? Yes _____ No _____

Have you ever been disciplined for child abuse? Yes _____ No _____

Do you have relatives or friends employed at this company? Yes _____ No _____ Name _____

Have you ever been employed by this company? Yes _____ No _____

If yes, dates, position, and department employed. _____

Have you ever applied at this company before? Yes _____ No _____ When _____

How were you referred? Newspaper Ad _____ Friends/Relative _____ Job Fair _____ Employee _____

Rehire _____ Career Day _____ Other _____

FOR OFFICE USE ONLY

EMPLOYEE NUMBER _____

APPLICATION NUMBER _____

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Beginning with your current or last employer, list the last four positions of employment held by date.

Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		
Name of Employer		Telephone Number
Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
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Address	City	State Zip
When may this employer be contacted? _____ Now _____ After Offer of Employment		Name and Title of Supervisor
Dates From _____ To _____	Hours/Week	Position Held
Starting Salary	Ending Salary	Reason for Leaving
Duties		

Granting and continued employment is conditioned upon receipt of favorable references.

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RECORD OF EDUCATION

School	Name and Address	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	
Other				

LANGUAGE SKILLS: (OTHER THAN ENGLISH)

Please identify other languages that you speak _____, Write _____
 Read _____, Including sign language _____
 Area of specialization or major interest _____, Typing approximate WPM _____
 Shorthand: Approx. WPM _____ Word processing: Yes No What word processing equipment are you familiar with? _____
 List business, hospital, or industrial equipment operated _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU:
 Currently Registered No. _____ Licensed No. _____ Certified No. _____
 Eligible Registration Licensure Certification

IF LICENSED, REGISTERED, OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration

REFERENCES

(Please complete if only one or no employment references are listed. References should include persons in academic institutions, volunteer organizations, etc. **not** friends, relatives, or clergy.)

Name	Address	Telephone	Relationship

REFERENCE VERIFICATION

Date Mailed/Called	By Whom

Phone Mail

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for RAYNE GUEST HOME DBA THE ELLINGTON to obtain a complete consumer report:

Full Legal Name : _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Gender*: M / F Race*: _____

Social Security Number: _____ Date of Birth*: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) _____

Your signature below indicates the following:

- 1) You authorize, without reservation, PeopleFacts or any third party to obtain and/or furnish to RAYNE GUEST HOME DBA THE ELLINGTON any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize RAYNE GUEST HOME DBA THE ELLINGTON ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish RAYNE GUEST HOME DBA THE ELLINGTON and/or PeopleFacts with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)*" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleFacts during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. PeopleFacts is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), PeopleFacts is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer

DISCLOSURE REGARDING CONSUMER REPORTS

RAYNE GUEST HOME DBA THE ELLINGTON
308 Amelia Street
Rayne, LA 70578
337-334-5111

RAYNE GUEST HOME DBA THE ELLINGTON Will Obtain a Background Check

You acknowledge and understand that in connection with your application for employment with RAYNE GUEST HOME DBA THE ELLINGTON (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a "consumer report" and/or an "investigative consumer report" on you from PeopleFacts, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a "background check report."

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in PeopleFacts's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to PeopleFacts should be forwarded to:

PeopleFacts | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@PeopleFacts.com