

Application for Employment



PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administration Department.

Position(s) applied for _____ Date of application _____
 Name _____
 Address _____
 Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail address _____
 If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____
 Have you ever been employed here before? If yes, give dates and positions _____ Yes No
 Are you legally eligible for employment in this country? Yes No
 Date available for work _____ What is your desired salary range? \$ _____
 Type of employment desired Full-Time Part-Time Temporary Educational Co-Op
 Type of work schedule interested in _____
 Are you able to meet the attendance requirements of the position? Yes No
 Have you ever been discharged from any job? Yes No If yes, please explain: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
 If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Drivers license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
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IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

Business References		
	NAME	TELEPHONE
		()
		()
		()

Special/Related Training

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying.

License and Certification Information

License/Certification	# (If Applicable)	Date Issued	Exp. Date
License/Certification	# (If Applicable)	Date Issued	Exp. Date
License/Certification	# (If Applicable)	Date Issued	Exp. Date

Educational Background

Name and Location	Number of Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, I must fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

**Notice of Intent to Procure
Investigative Consumer Report
(Background Check)**

NORTHEAST IOWA
MEDICAL
EDUCATION
FOUNDATION



DISCLOSURE and AUTHORIZATION

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, _____, hereby consent and authorize **Northeast Iowa Medical Education Foundation** or its agents to prepare an investigative consumer report, including but not limited to obtaining information as to civil and criminal records, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes _____ No _____

If yes, list names and corresponding years. _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2000 – 2009)

County _____	Years: From _____	through _____
County _____	Years: From _____	through _____
County _____	Years: From _____	through _____
County _____	Years: From _____	through _____

Current Address, City, State, & Zip

For **Minnesota and Oklahoma and California**, check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922. By signing below you acknowledge receipt of Article 23-A of NY Correction Law.

New York & Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Oregon Applicants Only: - Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies available should you suspect or find that the Company has not maintained secured records is available upon request.

Washington State Applicants or Employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California Only: *Under CA law, employers operating in California are prohibited from obtaining a consumer credit report unless it meets one of the following exceptions:

(1) a position in the state Department of Justice, (2) a managerial position, as defined, (3) that of a sworn peace officer or other law enforcement position, (4) a position for which the information contained in the report is required by law to be disclosed or obtained, (5) a position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, (6) a position in which the person is or would be a named signatory on the employer's bank or credit card account, or authorized to transfer money or enter into financial contracts on the employer's behalf, (7) a position that involves access to confidential or proprietary information, as specified, or (8) a position that involves regular access to \$10,000 or more of cash.

I hereby acknowledge that I have read and understand this document and authorize the obtaining of the consumer report.

Signature

Date

Email address

Print Full Name - Include Middle Name (please print legibly) _____

Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – or any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files,

usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies. Criminal convictions may be reported without time limitation.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers to credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA - for questions or concerns regarding:

CRA, creditors and others not listed below:

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580 (202-326-3761)

National banks, federal branches/agencies of foreign banks word “National” or initials “N.A.” appear in or after bank’s name:

Office of the Controller 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
Consumer and Community Affairs
Washington, DC 20551 (202-452-3693)

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name):

Office of Thrift Supervision
Consumer Programs
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 (703-518-6360)

State-chartered banks that are not members of the Federal Reserve System:

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 (800-934-FDIC)

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)