



APPLICANT INFORMATION FORM

PLEASE READ CAREFULLY:

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this form. We appreciate your cooperation. ***This form will be kept completely separate from any application, and is not a part of the application you submit.*** Applicants are considered for all positions and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

Name: First, Middle, Last _____

Social Security Number _____

Position (s) Applied for (Be Specific) _____

Indicate: Full-time, Part-time, Temporary (PRN) _____

Location(s) Preferred _____

Email Address _____

Have you submitted another application for this or any other position within the past 12 mos.? Yes _____ No _____
If yes, when? _____

How were you referred to us?

- Newspaper Employment Agency
 Company Employee On my own

Name of Referral Source: _____

Other: _____

SEX

- Male
 Female

RACE

- Black or African American (Not Hispanic or Latino)
 White (Not Hispanic or Latino)
 Hispanic or Latino
 Two or More Races (Not Hispanic or Latino)

- Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native
 Asian

Birth Date: _____
 Month Date Year

Check if any of the following apply:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual

Applicant's Signature _____

Date _____

Signature of Person Accepting Application _____

Job Title Number _____ (For Human Resource Use Only)

FRANKLIN PRIMARY HEALTH CENTER, INC.

P. O. Box 2048 ☐ Mobile, AL 36652-2048

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

| | | | |
|--|---------------------------|-------------------|------------------------|
| Position(s) Applied For _____ | Date of Application _____ | | |
| Are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> employment? When could you start work? _____ | | | |
| Last Name _____ | First Name _____ | Middle Name _____ | Telephone Number _____ |
| Present Street Address _____ | City _____ | State _____ | Zip Code _____ |
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you are hired you may be required to submit proof of age) | | | |
| If hired, can you furnish proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | |
|--|---------------------|
| Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, when? _____ |
| Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, when? _____ |
| Have you ever been convicted of any law violation (except a minor traffic violation)? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, give details _____ (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.) | |
| Are you now or do you expect to be engaged in any other business or employment? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please explain _____ | |
| For Driving Jobs <i>Only</i> : Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Driver's License Number _____ State _____ Class of License _____ | |
| Have you had your driver's license suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, give details: _____ | |
| List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships, which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____ _____ _____ | |

EDUCATION

| EDUCATION | NAME AND LOCATION OF SCHOOL | ATTEND (mm/yyyy) From - To | DEGREE OR DIPLOMA | MAJOR STUDIED |
|--------------------------|-----------------------------|----------------------------------|----------------------|------------------|
| COLLEGE/ UNIVERSITY | | | | |
| COLLEGE/ UNIVERSITY | | | | |
| VOCATIONAL/ TECHNICAL | | | | |
| HIGH SCHOOL or GED | | | | |

SPECIAL SKILLS _____

OTHER LANGUAGES SPOKEN FLUENTLY _____

LICENSURE, CERTIFICATIONS _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

| | |
|---|--|
| Name of Employer _____ _____ Address _____ City State Zip Code _____ Job Title and Duties: _____ _____ _____ | Supervisor Name: _____ Telephone: _____ _____ Date of Employment: From: _____ To: _____ Pay: Start: \$ _____ Final: \$ _____ Reason for Leaving: _____ _____ _____ |
|---|--|

| | |
|---|--|
| Name of Employer _____ _____ Address _____ City State Zip Code _____ Job Title and Duties: _____ _____ _____ | Supervisor Name: _____ Telephone: _____ _____ Date of Employment: From: _____ To: _____ Pay: Start: \$ _____ Final: \$ _____ Reason for Leaving: _____ _____ _____ |
|---|--|

| | |
|---|--|
| Name of Employer _____ _____ Address _____ City State Zip Code _____ Job Title and Duties: _____ _____ _____ | Supervisor Name: _____ Telephone: _____ _____ Date of Employment: From: _____ To: _____ Pay: Start: \$ _____ Final: \$ _____ Reason for Leaving: _____ _____ _____ |
|---|--|

| | |
|---|--|
| Name of Employer _____ _____ Address _____ City State Zip Code _____ Job Title and Duties: _____ _____ _____ | Supervisor Name: _____ Telephone: _____ _____ Date of Employment: From: _____ To: _____ Pay: Start: \$ _____ Final: \$ _____ Reason for Leaving: _____ _____ _____ |
|---|--|

Have you worked under any other name? Yes No. If yes, give name: _____
Are you presently employed? Yes No. If yes, may we contact your present employer? Yes No.
Have you ever been fired from your job or asked to resign? Yes No. If yes, please explain: _____

MILITARY Did you serve in the U.S. Armed Forces? Yes No. If yes,

Branch: _____ Rank: _____ Dates: _____

REFERENCES

Give three references, not relatives or former employers.

| Name | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment, educational history, driving records, investigative consumer reports, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I may be required to successfully pass a physical, drug and alcohol screening examination. I hereby consent to a pre- and/or post-employment drug and alcohol screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the human resource representative for details.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **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 identify 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 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 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.
- **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.

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. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|--|---|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p> | <p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p> |
| <p>4. Creditors Subject to Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p> |
| <p>5. Creditors Subject to Packers and Stockyards Act</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |