



**FIRST
HOUSING
CORPORATION**

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, OR VETERAN STATUS.

IT IS THE POLICY OF FIRST HOUSING CORPORATION TO ADMINISTER DRUG SCREENING, CRIMINAL BACKGROUND CHECKS AND PHYSICAL EXAMINATIONS PRIOR TO EMPLOYMENT.

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Phone ()
City	State		Zip	Business Phone ()
Is any additional information relative to a different name necessary to check work record? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain			Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Month and Year: [] Location: []			Social Security Number	
Position Desired			Pay Expected	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state dates and location of employment and reason for leaving.				
State the names of relatives and friends working for this Company.				
Were you referred to this Company by a <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> Walk In <input type="checkbox"/> Friend Name: <input type="checkbox"/> Employee Name: <input type="checkbox"/> Other				
Have you been convicted of a crime, misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently subject to a lifetime registration requirement under a state sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," to any of the above questions, describe in full.				
Can you perform the essential duties of the job in which you wish to be employed with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List special training or skills (languages, machine operation, etc.)				

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.	
1	Company Name	Telephone ()	
	Address	Month and Year of Employment	
	Name of Supervisor	Weekly Pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	
2	Company Name	Telephone ()	
	Address	Month and Year of Employment	
	Name of Supervisor	Weekly Pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	
3	Company Name	Telephone ()	
	Address	Month and Year of Employment	
	Name of Supervisor	Weekly Pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	
4	Company Name	Telephone ()	
	Address	Month and Year of Employment	
	Name of Supervisor	Weekly Pay Start Last	
	State Job Title and Describe Your Work	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number (s) _____	Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying.	

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EDUCATION					
School	Name/Location of School	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
High School					
College					
Graduate					
Business/ Trade/ Technical					

PERSONAL REFERENCES		List three references who are not relatives or former employees.	
Name	Telephone Number	Occupation	Years Known

SIGNATURE / AUTHORIZATION	
<p>The information provided in this Application for Employment is true, correct, and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.</p> <p>In consideration of my employment, I agree to conform to the Company's Rules and Regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that no Company representative, other than its President, and then only in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and/or personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>	
Date:	Signature of Applicant

Revised 04/2019

To: Jodi Cornell
First Housing Corporation
JCORNELL@1sthousing.com

Site: _____

DISCLOSURE TO APPLICANT

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete an accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled, Rights Under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 *et seq.*, the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit *First Housing Corporation* to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____
(Print clearly)

Date of Signature _____

Signature _____

(PRINTED NAME)

(SIGNATURE)

(DATE)

(STREET ADDRESS)

(CITY)

(ST)

(ZIP CODE)

(DATE OF BIRTH)

(SS NUMBER)

(DRIVERS LICENSE)

(STATE OF ISSUE)

First Housing Corporation

(EMPLOYER OR PROSPECTIVE EMPLOYER)

First Housing Corporation

880367

iiX Customer Name

iiX Customer No.

Date of Request

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY
ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 04/2019