



Employment Application

Applicant Information

Full Name: _____ Date of Application: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Phone () _____ Email Address: _____ Referral Source: _____

Date Available: _____ Social Security No. (Voluntary): _____ Desired Salary: \$ _____

Position Applying For: _____

Yes No

Are You Eligible for Employment in The U.S.?

Have You Ever Worked For This Organization? If Yes, When? _____

Type of employment desired: Full Time Part-Time Temporary

Driver's License Number: _____ State: _____

Education

High School: _____ Address: _____
Yes No

Years Completed: _____ Degree/Diploma: Degree/Course of Study: _____

College: _____ Address: _____
Yes No

Years Completed: _____ Degree/Diploma: Degree/Course of Study: _____

Other: _____ Address: _____
Yes No

Years Completed: _____ Degree/Diploma: Degree/Course of Study: _____

List any foreign language(s) you know and check the boxes that describe your skill level:

Language	Speak Some	Speak Fluently	Read	Write

References

Please List Three Professional References That We May Contact:

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Employment Experience

Company: _____ Phone: () _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? Yes No

Company: _____ Phone: () _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? Yes No

Company: _____ Phone: () _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? Yes No

List special training, skills, licenses, certificates, job-related training received in the United States Military and/or characteristics of yourself that may qualify you as being able to perform job-related functions for this position:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

_____ **Yes**

_____ **No**



Integra Discovery Services / KTCM, LLC
634 Old Liverpool Rd Suite 1, Liverpool, NY 13088
Phone: (315)453-3929 Fax: (315)453-2349

BACKGROUND SCREENING APPLICANT INFORMATION FORM

PLEASE PRINT YOUR NAME AS SHOWN ON DRIVER'S LICENSE:

FIRST	MIDDLE	LAST	MAIDEN/AKA
SOCIAL SECURITY NUMBER	STATE ISSUED	DATE OF BIRTH (MM/DD/YR)	
DRIVER'S LICENSE NUMBER	STATE ISSUED		

PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY

CURRENT ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS MONTHS

PLEASE SIGN HERE _____ **DATE** _____

REQUESTING COMPANY _____ **NAME** _____ **PHONE NUMBER** _____

SEARCH TYPE: CHECK THE BELOW SCREENING SERVICES YOU WOULD LIKE:

NCIS/ALIASES	FEDERAL CRIMINAL	PROFESSIONAL LICENSE VERIFICATION
SSN VALIDATION	COUNTY CRIMINAL	NY STATE WIDE CRIMINAL HISTORY

ADDRESS	STATE CRIMINAL HISTORY () STATE	GLOBAL REPORT/TERRORIST WATCHLIST
MOTOR VEHICLE (NY)	FEDERAL CIVIL	EDUCATION VERIFICATION
TENANT HISTORY	SEX OFFENDER	EMPLOYMENT VERIFICATION
MVR ()STATE	CREDIT REPORT	REFERENCE VERIFICATION

DISCLOSURE AND AUTHORIZATION FORM

_____ will procure an investigative consumer report on you for employment purposes. Integra Discovery Services, 634 Old Liverpool Road, Suite 1, Liverpool, NY 13088, will prepare this report. The report will contain information bearing on your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: Social Security Number Verification; Criminal Records Check and Conviction History; Court, Educational and Driving Record History; Verification of Employment; Personal and Professional Licensing and Certification Checks; Drug Testing Results. The information contained within this report will be obtained from private and public record sources, including, as appropriate, interviews with sources such as neighbors, friends and associates. You may request more information respecting the nature and scope of any Investigative Consumer Report by contacting the company requesting this report. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices: If you reside or are applying for a position in CA, ME, NY or WA, please note: **California:** You may view and obtain the file maintained on you by Personnel Profiles upon submitting proper identification and paying the costs of duplication services, by appearing at their offices in person, during normal business hours and no reasonable notice, by mail. You may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. **Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive, from the company requesting the report, within five business days of our receipt of your request, the name, address and phone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies, copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting the agency which requested the report. **Washington State:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency, a summary of your rights and remedies under state law. **Residents of, or for jobs located in CA, MN and OK Only** will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box below. You may obtain information or copies from the requesting company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the requesting company.

I request a free copy of the report.

Fair Credit Reporting Act Notification: You have the right to receive a copy of your consumer credit report should one be requested for employment reasons. I request a copy of the report.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization Form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Integra Discovery Services, to the requesting Company. I understand that if the Company hires me, my consent will apply throughout my employment. I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, education, driving record history and standing, criminal records check and conviction history, pre-employment drug test results and all other information deemed pertinent by the consumer reporting agency by the following: my past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; and motor vehicle records agencies.

PLEASE FILL OUT AND SIGN BELOW:

LAST NAME	FIRST NAME	MIDDLE NAME
SS NUMBER	PLEASE SIGN HERE	DATE

ACR Health's Mission Statement:

ACR Health is a progressive human services provider committed to eliminating health disparities and inequality throughout the Central, Northern and Mohawk Valley regions of New York State.

ACR Health's VALUES:

Human dignity, Integrity, Empowerment, Health, Team Work

ACR Health's VISION:

A community where every person has the opportunity to achieve optimal health and equality.

My signature below constitutes full acceptance of this application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize investigation of my person, employment, and other related matters as may be necessary in arriving at an employment decision or verifying information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

We afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, citizenship, sexual preferences, disability, veteran status, marital status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.