



LITEHOUSE PARTNERS INC.

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
Date:		APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS		
Name:				
Last		First	Middle	Maiden
Present Address:				
Number		Street	City	State Zip
How Long?		Social Security Number:		
Telephone:		Email:		
If under 18, please indicate age:				
Position Applying For:		Desired Salary:		
How many hours can you work?		When available for work?		
Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Other				
EDUCATION AND OTHER INFORMATION				
Type of School	Name of School	Location	Years Completed	Degree
High School				
College				
Business/Trade School				
Professional School				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your means of transportation to work?				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Driver's License Number:		State of Issue:	Expiration:	



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<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)			
Have you had any accidents in the past three years?		How many?	
Have you had any moving violations in the past three years?		How many?	
MILITARY			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty:		Date Entered:	Date Discharged:
WORK EXPERIENCE			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, please give firm name. Use additional sheets if necessary.			
Job One			
Name of employer:	Name of Supervisor	Employment Dates	Salary
Current Address:		To:	Start:
Phone Number:	Job Title:	From:	Final
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Job Two			
Name of employer:	Name of Supervisor	Employment Dates	Salary
Current Address:		To:	Start:
Phone Number:	Job Title:	From:	Final
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Three			
Name of employer:	Name of Supervisor	Employment Dates	Salary
Current Address:		To:	Start:
Phone Number:	Job Title:	From:	Final
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for my consideration of my job application, **LiteHouse Partners Inc.** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **LiteHouse Partners Inc.**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. Both the undersigned and **LiteHouse Partners Inc.** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will or for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: _____

In connection with your application and/or employment with above listed Company (hereinafter "Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of Company.

Acknowledgement and Authorization

By signing below you acknowledge receipt of a copy of the *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that you have read this notice and authorization as well as the summary document.

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Company, if applicable.

_____ Signature		_____ Today's Date	
_____ Full Legal Name (please print)		_____ Other or Former Names (please print)	
_____ Address		_____ City/State	
_____ County	_____ Zip	_____ Date of Birth**	_____ SSN**
_____ Name on Driver's License (if different from legal name)		_____ Driver's License #	_____ State issued

Minnesota & Oklahoma applicants or employees only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking "yes", a copy will be provided to you at the address you provide on this notice.
I would like to receive a copy of my consumer report: () Yes () No

New York applicants or employees only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants or employees only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting National Crime Search, Inc. directly.

California, Maine applicants or employees only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking "yes" a copy will be provided to you at the address you provide on this Notice.
I would like to receive a copy of my consumer report: () Yes () No

CA applicants or employees only
You acknowledge receipt of a copy of the summary of the provisions of California Civil Code section 1786.22 by signing above.

**This information will be used for background screening purposes only and no other purpose.

Your Background Screening Partner
NCS | 3452 E Joyce Blvd | Fayetteville, AR 72703 | 479-695-2111
nationalcrimesearch.com | support@checknccs.com