

Disclosure Regarding Background Investigation

West Feliciana Parish (“the Organization”) may obtain information about you from a consumer reporting agency for consideration of the opportunity to serve as an employee/volunteer with the Organization. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, motor vehicle records (“driving records”), or other background checks. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for volunteering is a criminal record report conducted by Background Investigation Bureau, LLC, (“BIB”), 971 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

AUTHORIZATION AND ACKNOWLEDGEMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES", and certify that I have read and understand those documents. I hereby authorize West Feliciana Parish ("the Organization") to obtain "consumer reports" about me at any time after receipt of this authorization and, if I am allowed to serve, throughout term of my volunteer/employment service. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Organization, and/or Organization itself. I agree that a Facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name _____ Date of Birth _____

____ Please check acknowledging that you are seeking a volunteer opportunity and not employment from the Organization

____ Please check if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Organization

____ Please check if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report of consumer credit report if one is obtained by the Organization at no charge whenever you have a right to receive such under California law. By signing above, you also acknowledge receipt of the notice regarding background investigation pursuant to California law.



**APPLICATION FOR EMPLOYMENT
PERSONNEL**

(Please print plainly or type)

TO APPLICANT: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Date: _____ Department _____

Name: _____ Social Security # _____
 First Middle Last

Present Address _____
 PO Box or Street Address City State Zip Code

Telephone # _____ Home _____ Business _____

Please state the position you are applying for _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____ (if yes verification is required)

Are you of legal age to work? _____

Were you previously employed by us? _____ if yes, when _____

If you are recommended for the position what date will you be available for employment? _____

Are there any specific skills or qualifications which would enhance your ability in the position that you are applying for (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

State age if under 18 or over 70 _____

Are you a full-time resident of West Feliciana Parish _____yes _____no?

Do you have a valid Louisiana Driver's License: _____ State license
_____?

Do you have any relatives currently employed by the West Feliciana Parish Council ? _____

(If so, please state their names and department in which they work in _____

Record of Education

Name and address of school: _____

Did you graduate from high school _____ or GED _____ or highest grade completed _____ ?

Name and address of college _____

Degree _____ Years completed: _____

Graduate: _____

Business/Trade/Technical _____

Membership in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin _____

Present and Past Employment

Beginning with Present

Name & address of company & type of business _____

From _____ to _____ Salary _____

Reason for leaving _____

Name of supervisor _____

State job title & describe your work _____

Name & address of company & type of business _____

From _____ to _____ Salary _____

Reason for leaving _____

Name of supervisor _____

State your job title & describe your work _____

Name & address of company & type of business _____

From _____ to _____ Salary _____

Reason for leaving _____

Name of supervisor _____

State job title & describe your work _____

Name & address of company & type of business _____

From _____ to _____ Salary _____

Reason for leaving _____

Name of supervisor _____

State Job Title & describe your work _____

Military Service Record

Were you in the U.S. Armed Forces _____ if so what branch _____

Dates of duty: _____

Rank and discharge _____

List duties in the service including training _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed in a court? Yes ____ No ___ if yes describe in full

Employment Eligibility Verification (Form 1-9)

EMPLOYEE INFORMATION AND VERIFICATION: to be completed and signed by employee

Name (print or type)	last	first	middle
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Address	city	state	Zip
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Date of birth _____ Social Security # _____

I attest, under penalty that I am (check one of the following):

- _____ A citizen or national of the United States
- _____ An alien lawfully admitted for permanent residence Alien Number A _____
- _____ An alien authorized by the Immigration and Naturalization Service to work in the United States
Alien Number A _____ or Admission Number _____
Expiration of employment authorization, if any _____

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and Employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documentation in connection with this certificate.

Signature	Date
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Preparer translator certification (to be completed if prepared by person other than the employee) I attest, under Perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have knowledge

Signature	(Name printed or typed)
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Address	City	State	Zip
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I hereby give permission to contact the employees listed on the preceding pages concerning any information you deem relevant.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

Personal references (not former employers or relatives)

Name, address & phone #

Name, address & phone #

Name, address & phone #

Name, address & phone #

Please attach resume' if prepared