

APPLICATION FOR EMPLOYMENT

Forward Visions, Inc.

120 Cockeysville Rd.-Suite 204

Hunt Valley, MD 21030

Phone: 410-584-8500

Fax: 410-584-8505

PERSONAL INFORMATION

DATE: _____

NAME _____ SOCIAL SECURITY# _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ REFERRED BY _____ YOUR D.O.B. _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

ARE YOU EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

ARE YOU RELATED TO OR FRIENDS WITH ANY FORWARD VISIONS EMPLOYEE(S) PAST OR PRESENT? _____ WHO? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR OCCUPATIONAL QUALIFICATION OF DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT: _____ FEET _____ INCHES CITIZEN OF U.S.: _____ YES _____ NO

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

WERE YOU EVER INJURED? _____ GIVE DETAILS _____

DO YOU HAVE ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____

IN CASE OF EMERGENCY NOTIFY _____

NAME ADDRESS PHONE#

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	EMPLOYER'S PHONE#	SUPERVISOR'S NAME	SALARY	POSITION HELD	REASON FOR LEAVING
FROM						
TO						
FROM						
TO						
FROM						
TO						
FROM						
TO						

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS/PHONE #	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANYTIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____

SIGNATURE _____

INTERVIEWED BY: _____ DATE: _____ DO NOT WRITE BELOW THIS LINE

REMARKS: _____

HIRED _____ FOR DEPT. _____ POSITION _____ WILL REPORT _____ WAGES _____

APPROVED: 1. _____ 2. _____ 3. _____
 PROGRAM COORDINATOR RESIDENTIAL DIRECTOR EXECUTIVE DIRECTOR

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OR OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICAL LAWS MAY BE BASED.

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PERMISSION TO VERIFY RECORDS

I HEREBY GIVE MY PERMISSION TO FORWARD VISIONS, INC. TO VERIFY MY EDUCATIONAL, EMPLOYMENT, DRIVING, AND MILITARY BACKGROUND AS LISTED ON THE EMPLOYMENT APPLICATION.

I REALIZE THAT FALSIFICATION OR OMISSION OF INFORMATION WILL RESULT IN DISQUALIFICATION FOR THE POSITION OR DISMISSAL.

SIGNATURE

DATE

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CONDITIONAL EMPLOYMENT AGREEMENT

_____ is being hired on a conditional basis, for the position of _____, pending the receipt of a satisfactory criminal and driving background check. If the reference(s) are unsatisfactory, the Agency reserves the right to terminate employment.

Employee Signature

Date

Supervisor Signature

Date

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“UNDER MARYLAND LAW, AN EMPLOYER
MAY NOT REQUIRE OR DEMAND, AS A
CONDITION OF EMPLOYMENT,
PROSPECTIVE EMPLOYMENT OR
CONTINUED EMPLOYMENT, THAT AN
INDIVIDUAL SUBMIT TO OR TAKE A LIE
DETECTOR OR SIMILAR TEST. AN
EMPLOYER WHO VIOLATES THIS LAW IS
GUILTY OF A MISDEMEANOR AND
SUBJECT TO A FINE NOT EXCEEDING \$100.”

SIGNATURE

DATE

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATION IN THE STATE OF MARYLAND)

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AFFILIATION INFORMATION

PLEASE LIST ANY AFFILIATION WITH ANY FORWARD VISIONS, INC. STAFF PAST OR PRESENT.

NAME OF STAFF	RELATIONSHIP	YEARS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SIGNATURE

DATE

REMARKS: _____

National Background Investigations, Inc
Customized Background Screening Solutions...Simplified

TO BE COMPLETED BY APPLICANT (all information will be used for background screening purposes only)		
Last Name	First Name	Middle Name
Other Known Names Or Other Names Used		
Other First Name	Other Last Name	
Current Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
Primary Telephone Number	Email	
Date of Birth (mm/dd/yyyy)		
Social Security No.		
Driver's License No.	State	
Previous Address of Residence (past seven years)		
1. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
2. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	
3. Address		
City	State	Zip
From (mm/yy)	To (mm/yy)	

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ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **FORWARD VISIONS, INC.** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside organization acting on behalf of **FORWARD VISIONS, INC.** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by National Background Investigations, Inc. by contacting the consumer reporting agency identified above directly.

Maine, Massachusetts, Minnesota, New Jersey and Oklahoma applicants or employees only: Please initial if you would like to receive a copy of a consumer report if one is obtained by National Background Investigations, Inc. _____

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by National Background Investigations, Inc. whenever you have the right to receive such a copy under California law. _____

SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) _____

Signature: _____ Date: _____

National Background Investigations, Inc.
PO Box 966 Stevensville, MD 21666
410-604-6200
www.nationalbackground.com

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APPLICANT DISCLOSURE

FORWARD VISIONS, INC. may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records "driving records", verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include National Background Investigations, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 or another outside organization. By signing this notice and authorization you are allowing **FORWARD VISIONS, INC.** to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

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