

Vision Loss Resources
1936 Lyndale Ave. South
Minneapolis, MN 55403
Phone (612) 871-2222 Fax (612) 872-0189

Employment Application

Vision Loss Resources is an affirmative action, equal opportunity employer.

General Information (Please print using black ink)

Date of Application _____

Position applying for _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone: _____ Email: _____

How did you find out about this position? _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed due to visa or immigration status? Yes No

On what date would you be available to begin work? _____

How many hours per week would you prefer to work? _____

Can you travel if the job requires it? Yes No

Education

High School Diploma or GED: Yes No Highest level completed _____

Name and Location of High School: _____

Post High School Education:

List institution attended and location Area of Study/Degree

Other applicable education _____

Professional Licenses or Certification (list Type, License #, expiration date)

Military Service: Branch _____ Dates ____ to ____ Discharge Status _____

Language Skills

Languages that you speak, read, write or sign: _____

Please rate your American Sign Language skills (Circle one):

No Skills Beginner Intermediate Advanced Fluent

Other Skills

Please list special skills and qualifications:

Professional, trade, or business organizations, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.

Employment Experience

Please list your employment experience. Begin with your present or most recent job. Include military service assignments and volunteer experience. Include other listings on a separate sheet of paper.

Employer _____ Phone _____

Address _____

Job Title _____ Supervisor _____

Duties _____

Starting / ending salary _____ Dates employed: _____

Reason for leaving _____

Employer _____ Phone _____

Address _____

Job Title _____ Supervisor _____

Duties _____

Starting / ending salary _____ Dates employed: _____

Reason for leaving _____

Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Duties _____
Starting / ending salary _____ Dates employed: _____
Reason for leaving _____

Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Duties _____
Starting / ending salary _____ Dates employed: _____
Reason for leaving _____

References

Please list three professional references including their name, address, phone number, e-mail address and professional relationship to you. References should not be related to you and should not include supervisors listed on previous page.

1. _____

2. _____

3. _____

Authorization

I understand that information I have given on this application will be used only to determine my suitability for employment at Vision Loss Resources. I understand that the references I have listed here will be contacted for information on my work habits, etc. at they relate to potential employment.

I understand that a criminal background check will be conducted on me to determine my suitability for employment, and I give my authorization for this check to be completed. The statements I have made on this application are true to the best of my knowledge and I understand that if I have knowingly misrepresented the truth on this application, I will not be considered for employment with Vision Loss Resources.

Applicant Signature

Date

Reference Release Form

I, _____ agree to allow all references that I have listed on my application or given during the interview process, to release information to Vision Loss Resources, Inc. (VLR) about my previous employment, character, personality or other information needed to determine my employment as a VLR employee.

I understand that all information released is considered confidential and will be used only to determine employment eligibility as a VLR employee. However, I understand that some of the information can be subpoenaed by a court of law.

Applicant Signature

Date

Vision Loss Resources

Equal Employment Opportunity and Affirmative Action Statistics

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decision. This page is separated from your application immediately upon being received and will be kept confidential. This form is to be completed voluntarily. Failure to do so will not have an effect on the application process.

Please Print

Name _____ Position applied for _____

Date of application _____

Gender

Male Female

Ethnic Group (please check one):

- Hispanic or Latino** – all personal of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (If you have selected this category it is not necessary to select from the racial groups found below)
- Not Hispanic or Latino** (if this category is checked, please select from the racial groups below)

Racial Groups: If not Hispanic / Latino was selected above, please select a race category below:

- White (not Hispanic or Latino)
- Black or African-American (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Please check if any of the following apply to you:

- Individual with a disability
- Disabled Veteran
- Vietnam Era Veteran

Consumer Report/Investigative Consumer Report Disclosure and Release of Information Authorization



THE MCDOWELL AGENCY, INC.
INVESTIGATION & PRE-EMPLOYMENT SCREENING

I authorize _____ and **The McDowell Agency, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state, or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required, and I should direct my request to: **The McDowell Agency, Inc., 1714 University Avenue West, St. Paul, MN 55104. Phone 1-877-644-3880/651-644-3880.**

If currently employed: My current employer may be contacted.

_____ YES _____ NO _____ N/A _____ Post Hire Only _____ Applicant's Initials

Is employment/prospective employment in California? _____ YES _____ NO

If you are applying for employment in the State of California, please note that a new *Disclosure and Release of Information Authorization* is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota, or Oklahoma? _____ YES _____ NO

If so, would you like a copy of any Consumer Report prepared on you? _____ YES _____ NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and if that employed by the above-named company (except if employed in the State of California), this authorization will remain in effect throughout such employment.*

Signature

_____/_____/_____
Date

NOTE: *The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application.* **PLEASE PRINT CLEARLY.**

Last Name First Name Middle Name

Street Address City State Zip

Driver's License Number State of License Expires on Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.



THE MCDOWELL AGENCY, INC.
INVESTIGATION & PRE-EMPLOYMENT SCREENING

Pre-Employment Screening Questionnaire

Please answer all questions. Failure to answer any questions or incomplete information on this form is grounds for immediate termination or disqualification from employment.

PLEASE PRINT LEGIBLY

1) Legal Name: _____

First
Middle
Last

2) Date of Birth: ____/____/____ 3) Social Security Number: ____-____-____

4) Do you have a valid Drivers License? Yes No State _____ Number _____

5) Please list all addresses of residence/employment for the past seven years:

Current Home Address:	Street	Apt	City	County	State	Zip
Current Employer's Address:	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip
Past Employment/Home Address	Street	Apt	City	County	State	Zip

If you have additional residential or employment addresses for the past seven years, please attach an additional sheet.

6) Please list the highest education level attained to date:

<i>Academic Institution</i>	<i>City</i>	<i>State</i>	<i>Dates Attended</i>	<i>Degree Attained</i>
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7) Have you used any other names in the past seven years? Yes No

<i>Name Used</i>	<i>Dates Used</i>	<i>City</i>	<i>State</i>
<i>Name Used</i>	<i>Dates Used</i>	<i>City</i>	<i>State</i>

The above information is true and correct to the best of my knowledge. By signing below, I give The McDowell Agency, Inc. and their Agents permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

_____ *Signed*

_____ *Dated*

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, employment, or tenancy – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

Id

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051