

**TAMPA LIGHTHOUSE FOR THE BLIND
DBA LIGHTHOUSE FOR THE BLIND & LOW VISION
[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Lighthouse for the Blind & Low Vision may obtain information about you from a consumer reporting agency for legitimate business or 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 and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if your application is approved and an agreement is established, throughout the term of the agreement. 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 which may contain information regarding your criminal history, credit history, motor vehicle records (driving records) verification or your education, employment history, Social Security Number verification, licensing and certification checks, and military service history. “Consumer reports” and/or “investigative consumer report” obtained for employment or other business purposes will be conducted by Active Screening, 14499 N. Dale Mabry Highway, Suite 201 S, Tampa, Florida 33618, 1-800-319-5580, or another qualified outside organization. The scope of this notice and authorization is all-encompassing, allowing **Lighthouse for the Blind & Low Vision** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment or business arrangement 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 report. Information regarding Active Screening’s privacy practices can be viewed at www.activescreening.com.

ACKNOWLEDGMENT/RELEASE/AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I understand that I have the right to request a copy of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: Active Screening, 14499 N. Dale Mabry Highway, Suite 201 S, Tampa, Florida 33618, 1-800-319-5580. I therefore authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Lighthouse for the Blind & Low Vision** at any time after receipt of this authorization and, if my application is approved, throughout the period covered by my employment or contractual business agreement. 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, insurance company, or other party to furnish any and all background information requested by Active Screening or another outside organization acting on behalf of **Lighthouse for the Blind & Low Vision** and/or **Lighthouse for the Blind & Low Vision** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

I understand that any information requested in my application is for the sole purpose of gathering the above information accurately to evaluate my suitability for the purpose of my application (employment, lease, or other business agreement), and will not be used to discriminate against me in violation of any law.

READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Active Screening to contact me at _____ for clarification of any information provided.

Phone Number

Signature

Print Name

Date

Tampa Lighthouse for the Blind

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Suffix Other Names Known By

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH (for ID purposes only) _____ - _____ - _____
MO DAY YR

SEX _____ RACE _____ DRIVER'S LICENSE # _____ STATE _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____



FOR OFFICE USE ONLY	
Work Location _____	Pay Rate _____
Position _____	Hire Date _____

LIGHTHOUSE FOR THE BLIND & LOW VISION APPLICATION FOR EMPLOYMENT

APPLICATIONS ARE ACCEPTED ONLY FOR JOB VACANCIES THAT ARE CURRENT OR EXPECTED IN THE NEAR FUTURE.

TO APPLICANT: We greatly appreciate your interest in working for Tampa Lighthouse for the Blind. Thank you for your time and effort in applying for employment. The Civil Rights Act of 1964 prohibits discrimination in employment on the basis of race, color, religion, gender, and national origin. Other federal laws also prohibit other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and collective bargaining. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some other types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, reputation, and mode of living. This list is not all inclusive of the grounds upon which discrimination is prohibited.

(PLEASE PRINT LEGIBLY)

Name _____ Application Date _____
Last First Middle
Social Security No. _____ Home Phone No. (____) _____
Cell Phone No. (____) _____
Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes____ No____ If hired, you will be required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes____ No____ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

How did you find out about this job opportunity? Newspaper ad____ Internet ad____ Company website____
School (please name) _____ Lighthouse employee____ State employment agency____
Other (please specify) _____

Type of employment desired: Full-Time____ Part-Time____ Seasonal____ Temporary____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
Yes____ No____ Need more information to respond____.

Are you able to work during the scheduled days and hours of the position for which you are applying? Yes____ No____ (if No, please explain _____)

What is your desired salary or hourly rate of pay? _____

If offered employment, on what date would you be available to start? _____

Do you have any related experiences, skills, or qualifications that would be of special benefit in the job for which you are applying?

EMPLOYMENT HISTORY**Please provide information below about your last four jobs, starting with your most recent (REQUIRED EVEN IF RESUME IS ATTACHED)**

Employer	Telephone # ()	Month / Year to Month / Year
Street address	City State Zip	Starting Pay
Starting job title	Ending job title	Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Immediate supervisor (name & title for most recent job held)		Ending Pay
		Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Reason for leaving		
Summarize duties and responsibilities		
What did you like the most about this job?		
What did you dislike about this job?		
Employer	Telephone # ()	Month / Year to Month / Year
Street address	City State Zip	Starting Pay
Starting job title	Ending job title	Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Immediate supervisor (name & title for most recent job held)		Ending Pay
		Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Reason for leaving		
Summarize duties and responsibilities		
What did you like the most about this job?		
What did you dislike about this job?		
Employer	Telephone # ()	Month / Year to Month / Year
Street address	City State Zip	Starting Pay
Starting job title	Ending job title	Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Immediate supervisor (name & title for most recent job held)		Ending Pay
		Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Reason for leaving		
Summarize duties and responsibilities		
What did you like the most about this job?		
What did you dislike about this job?		
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		Salary____ or Hourly____ \$_____ per _____ Commission, bonus, tips, other \$_____ per _____
Reason for leaving		
Summarize duties and responsibilities		
What did you like the most about this job?		
What did you dislike about this job?		

EMPLOYMENT HISTORY continued

Explain any significant gaps in your employment history other than those caused by illness, injury, or disability.

Except as noted in your employment history (previous page), have you ever been fired or asked to resign? ___Yes ___No

If Yes, please explain _____

SKILLS AND OTHER QUALIFICATIONS

Computer Skills (check all that apply. Include software titles and years of experience.)

___ Word Processing _____ Years _____	___ Internet _____ Years _____
___ Spreadsheet _____ Years _____	___ Other _____ Years _____
___ Presentation _____ Years _____	___ Other _____ Years _____
___ E-mail _____ Years _____	___ Other _____ Years _____

EDUCATION AND TRAINING

Start with your most recent school attended

NAME OF SCHOOL, CITY & STATE	No. of Years	Degree	Major	Minor	GPA
	Completed	Earned			

REFERENCES

List the names and telephone numbers of three employment-related references (other than previous supervisors) who are not related to you. If you have less than three employment-related references, list school, volunteer, or personal references who are familiar with your skills and work ethic.

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE	NO. YEARS KNOWN
			()	
			()	
			()	

OTHER INFORMATION

List any job-related professional or trade organizations in which you are a member. Do NOT list memberships that would reveal race, color, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other protected status.

ORGANIZATION	OFFICES HELD

OTHER INFORMATION (continued from Page 3)

List noteworthy accomplishments, publications, commendations, awards, etc. Do NOT include information that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Do you speak, write or understand any foreign languages? Yes_____ No_____

If yes, describe which language(s) and your level of fluency in each. _____

Is there any other job-related information that you would like us to consider at this time? If so, please include it below:

May we telephone you to follow up on this application at home? Yes_____ No_____ At work? Yes_____ No_____

If yes, what are the best times and days of the week to call? _____

What phone numbers should we use to call you (please specify best times for each)? _____

IMPORTANT: READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

The information that I have included in this application for employment is true and complete to the best of my knowledge. I understand that any false statement, misrepresentations, or significant omissions on this application will be sufficient cause to eliminate me from further consideration as a candidate, or be discharged as an employee, if hired. I further understand that this application is not a contract of employment and is not intended to be. I understand and agree that my employment is at-will and can be terminated by either party at any time for any lawful reason which may include no stated reason. No one other than a member of management of Lighthouse for the Blind has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and the n only in a written agreement signed by an officer.

I understand that the Lighthouse for the Blind requires a satisfactory background check as a condition of employment, as stipulated on the enclosed Applicant Authorization Statement (signed release). I fully agree to undergo this background investigation and release Tampa Lighthouse for the Blind and all other duly involved parties from any liability associated therewith.

I also understand that this application will remain current for 30 days, after which, if I have not heard from the employer and still wish to be considered for employment, I will need to complete a new application.

Signature of Applicant

Date signed



SUPPLEMENT TO APPLICATION

1. Have you ever been convicted, found guilty or entered into a plea or pretrial diversion type agreement (regardless of adjudication) for any violation of federal, state, or municipal law, other than a minor traffic violation? Note: answering yes will not automatically disqualify an applicant from employment.

Yes_____ No_____

If Yes, please give date(s) and nature of the offense:

2. List all traffic violations (excluding parking tickets, but including at-fault accidents) in the past 5 years which resulted in a conviction, guilty plea, or plea of no contest. Be advised that most Lighthouse positions require occasional or regular driving on company business. Initial and annual driving record checks and verification of auto insurance are required of employees in those positions. Please include the date and nature of the violation:

3. Have you ever been a defendant in a civil action for intentional tort? Note: this will not necessarily bar employment.

Yes_____ No_____

If Yes, please describe the nature of the intentional tort and state the disposition of the action.

4. Do you smoke cigarettes? Yes_____ No_____
" " cigars? Yes_____ No_____
" " a pipe? Yes_____ No_____

Do you use any smokeless tobacco products Yes_____ No_____

Note: A Yes response to any of the above will not serve as a barrier to employment as such; however the Tampa Lighthouse for the Blind (and any other Florida employer) legally reserves the right to hire, on a preferential basis, qualified candidates who are non-tobacco users.

If Yes to any of the above, describe number of packs, cigars, pipefuls, etc. per day.

Applicant's signature

Print name

Date signed