



## APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly in black or blue ink. All areas must be completed.  
Please attach resume.

### Applicant Personal Data:

Name (last, first, middle initial): \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Other Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Are you eligible to work in the US? (y/n): \_\_\_\_\_

### Education

List below all high schools and post high schools attended.

Name/Location of School	From (MO/YR)	To (MO/YR)	Field(s) of Study	Diploma/Degree

If you are licensed to drive, please indicate the type of license:

\_\_\_\_ Operator \_\_\_\_ Chauffeur \_\_\_\_\_ Public Passenger \_\_\_\_\_ Commercial (CDL)

**Work History** (Please attach additional sheets if necessary)

Title of present or previous job:\_\_\_\_\_

From (MM/DD/YYYY):\_\_\_\_\_ To (MM/DD/YYYY):\_\_\_\_\_

Employer & Address:\_\_\_\_\_

Telephone Number:\_\_\_\_\_Number of hours worked per week:\_\_\_\_\_

Work Duties:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Title of present or previous job:\_\_\_\_\_

From (MM/DD/YYYY):\_\_\_\_\_ To (MM/DD/YYYY):\_\_\_\_\_

Employer & Address:\_\_\_\_\_

Telephone Number:\_\_\_\_\_Number of hours worked per week:\_\_\_\_\_

Work Duties:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Title of present or previous job:\_\_\_\_\_

From (MM/DD/YYYY):\_\_\_\_\_ To (MM/DD/YYYY):\_\_\_\_\_

Employer & Address:\_\_\_\_\_

Telephone Number:\_\_\_\_\_Number of hours worked per week:\_\_\_\_\_

Work Duties:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Title of present or previous job:\_\_\_\_\_

From (MM/DD/YYYY):\_\_\_\_\_ To (MM/DD/YYYY):\_\_\_\_\_

Employer & Address:\_\_\_\_\_

Telephone Number:\_\_\_\_\_Number of hours worked per week:\_\_\_\_\_

Work Duties:\_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

## References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Equal Employment Opportunity Information

The following information is requested in order to ensure equal opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Race: \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Other (specify) \_\_\_\_\_

Sex (Gender): \_\_\_\_\_ Male \_\_\_\_\_ Female

The government defines an individual with a disability as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2) has a record of such impairment; or 3) is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability? (y/n): \_\_\_\_\_

### **Certificate of Applicant and Authorization of Reference and/or Employment Verification:**

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT DISCLOSURE AND RELEASE  
FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

State Form 51334 (R2 / 8-05 )

In connection with my application for employment with the State of Indiana, I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act (FCRA), may be obtained by an agent of the State of Indiana or from BARADA ASSOCIATES INC., its agents or employees, and I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, credit report, academic records, professional license record and employment information or records. I agree to release the aforesaid from any liability for collecting that information.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I further authorize the State of Indiana, if I am hired, to request a consumer report and/or investigative consumer report about me, for employment related purposes, at any time during the course of my employment to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act."

First Name \_\_\_\_\_ Full Middle \_\_\_\_\_

Last \_\_\_\_\_ Suffix \_\_\_\_\_

Any other name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

The State is requesting your SSN under authority IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory and this form will not be processed without it.

I understand that my date of birth will be used solely for identification purposes.

Position Applied For \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip/County \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Previous Cities/States of Residence During Last 7 Years \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**California, Minnesota, and Oklahoma residents only:**

Please initial here only if you are requesting a copy of the consumer report prepared on you \_\_\_\_\_.

*Para Informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D.C.*

### **A summary of Your Rights Under the Fair Credit Reporting Act**

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](http://www.ftc.gov/credit) or right 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 you application for credit, insurance, or employment – 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 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:
  - 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](http://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](http://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 report 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 valid need for access.
- **You must give your consent for the reports to be provided to employers.** A consumer reporting agency may not give our information about you to your employer, or a potential employer, without written consent give to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of a 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](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In come 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:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors, and others not listed below	<b>Federal Trade Commission</b> Bureau of Consumer Protection – FCRA Washington, DC 20580 * 202-326-3650
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	<b>Office of the Comptroller of the Currency</b> Compliance Management – Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks and federal banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board</b> Division of Consumer and 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)	<b>Office of Thrift Supervision</b> Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit union (words “Federal Credit Union” appear in institution’s name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	<b>Federal Deposit Insurance Corporation</b> Division of Compliance and Community Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	<b>Department of Agriculture</b> Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

**The State of Indiana does not waive any immunities it might posses.**