



APPLICATION FOR EMPLOYMENT

Position Information

| | |
|--|--|
| Title of Position for which you are applying | |
| Date of Application | |

Personal Information

| | | | | |
|---------------|------|------------|------------------------|-----------------|
| Last Name | | First Name | Middle Initial | Maiden Name |
| Address | | | City | State, Zip Code |
| Date of Birth | | | Social Security Number | |
| Phone | Home | | Email Address(es) | |
| | Work | | | |
| | Cell | | | |

Secondary and Postsecondary Education

| | School/College | Dates Attended From/To (month/year) | | Major | Minor | Degree(s) Earned |
|--------------------|----------------|---|--|-------|-------|---------------------|
| High School/GED | | | | | | |
| College | | | | | | |
| College | | | | | | |
| College | | | | | | |
| College | | | | | | |
| Other (Specify) | | | | | | |

Employment History

Please list most recent employment experience first

| | | |
|--------------------------------|--------------------|---|
| Employer | | Telephone Number |
| Address, City, State, Zip Code | | Dates of Employment |
| Title | Hourly Rate/Salary | Full-Time (F/T) or Part-Time (P/T) Position |
| Reason for Leaving | | Supervisor |
| Job Duties | | |

| | | |
|--------------------------------|--------------------|---|
| Employer | | Telephone Number |
| Address, City, State, Zip Code | | Dates of Employment |
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Please attach additional pages if needed

May we contact your present employer? Yes No

Skills, Certifications, Awards, or Professional Activities

References

| Name and Title | Address | Phone Number |
|----------------|---------|--------------|
| | | |
| | | |
| | | |

Felony Conviction(s)

| | |
|--|--|
| Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES, explain below: | |

Family Relationship Disclosure

For the purposes of disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.

| | |
|---|--|
| Are you a relative of any employee in the Eagles' Wings, Inc. or Department of Mental Health? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, list the name(s), relationship, and employer/position of relative(s): | |

Consent Agreement

I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. **I understand that any off of employment is contingent upon a satisfactory criminal background investigation and I hereby authorize my employing authority within the Department of Mental Health and/or its assigns to conduct a criminal background history investigation.** I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to Eagles' Wings officials. I agree to hold such persons harmless, and do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.

Signature of Applicant

Date of Application

Return: **Eagles' Wings, Inc.**
 12379 Eagles' Wings Drive
 Coker, AL 35452

Phone: **205-333-7690**

Fax: **205-333-7692**



AUTHORIZATION

I HEREBY AUTHORIZE EAGLES' WINGS, INC. ("the Company") to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information and information related to my Social Security Number.

I understand I can view ESS's Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:
Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view ESS's privacy policy, please go to www.es2.com/privacy-policy/

| Please type or print using black ink. Illegible writing will cause delays. | | | | |
|--|--------------------------------|--|---|----------------------------------|
| <u>Last Name:</u> | | <u>First Name:</u> | | <u>Middle Name:</u> |
| <u>Date of Birth:</u> | <u>Social Security Number:</u> | | <u>Driver's License Number and State:</u> | |
| <u>Current Address:</u> | | <u>City:</u> | <u>State:</u> | <u>Zip Code:</u> |
| <u>Previous Address (Past 7 Years):</u> | | <u>City:</u> | <u>State:</u> | <u>Zip Code:</u> |
| <u>Previous Address (Past 7 Years):</u> | | <u>City:</u> | <u>State:</u> | <u>Zip Code:</u> |
| <u>Previous Address (Past 7 Years):</u> | | <u>City:</u> | <u>State:</u> | <u>Zip Code:</u> |
| <u>Degree obtained:</u> | | <u>Year Graduated:</u> | <u>Name of School:</u> | <u>City and State of School:</u> |
| <u>Last Name Used at Time of Graduation:</u> | | <u>Other Aliases (Other Names I Have Been Known By):</u> | | |