

Opal In-Home Services, Inc.

Application for Employment Information Packet

Before completing an Application for Employment, please view our current open positions list to see if there is a position that works with your availability.

Please read the following information carefully.

Enclosed in this packet you will find:

Step 1: Application for Employment

- Please fill out this application completely, **including names and valid business phone numbers for both past and present employers; no personal or cell phone numbers.**
- Please feel free to submit your resume, but do note that this is *not* a substitute for a completed application.
- **Incomplete applications may not be considered for employment.**
- All employment information must be verified before the application process can continue.

Step 2: Disclosure and Authorization for a Motor Vehicle Record check

- Please read this form completely and fill in the requested information.
- **The driver's license information that is requested must be current and valid, and is required to continue the application process.**
- A motor vehicle record check is not completed unless the applicant has been made a conditional offer of employment.

Step 3: Affirmative Action Survey

- If you choose to complete this form, please note that providing this information is **voluntary** and refusal to provide information will *not* have a negative effect on your status as an applicant with Opal In-Home Services, Inc.
- Information provided will be utilized to assist with government record keeping, reporting, and other legal requirements, and **will not be utilized for hiring purposes.**

Job requirements for all applicants seeking employment with Opal In-Home Services, Inc.:

- Must be 18 years of age or older
- Must have a high school diploma or GED
- Must have the ability to read, write and speak in fluent English
- Must have a valid driver's license
- Must comply with a background study; in order to maintain employment, the background study must come back "qualified"
- Must have a satisfactory motor vehicle record based on the company motor vehicle insurance requirements
- Certain facilities and positions also require a reliable, insured vehicle (This will be specified before a position is offered)

Unless otherwise noted on the Open Positions list, the position applied for is **Direct Support Professional (DSP)**.

When you have completed the above-mentioned forms, please return them to the receptionist. If the receptionist is unavailable or away from the desk, please place the forms in the tray on the front desk which is labeled "**Completed Application Packets**".

Once the application has been received, it may take one (1) to two (2) business weeks to receive a response from our Human Resources department. Please note that there are times when we receive a high volume of applications and it may take longer to respond to applicants. We appreciate your patience as you begin the application process.

Thank you for your interest in Opal In-Home Services, Inc.

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applying for _____ Today's Date _____

Name _____

First
Middle
Last

Address _____

Street
City
State
Zip Code

Telephone # () _____ Mobile/Other # () _____ Email Address _____

Are you 18 years of age or older? yes no

Do you have a high school diploma or GED? yes no

Have you applied here before? yes no

Have you ever been employed here before? yes no

If yes, please give dates and positions _____

Are you legally eligible for work in this country? yes no

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? yes no

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation rehabilitation and position applied for will be taken into account. All employees will be required to pass a background study to maintain employment.

Driver's License # _____ Expiration Date _____ State _____

Employment History

Starting with your *most recent* employer, assignments, or volunteer activities provide the following information.

From (Month/Year)	To (Month/Year)	Employer	Business Telephone # ()
Starting Job Title/Final Job Title		Street Address	City State
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			
Reason for leaving		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$	
From (Month/Year)	To (Month/Year)	Employer	Business Telephone # ()
Starting Job Title/Final Job Title		Street Address	City State
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			
Reason for leaving		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$	
From (Month/Year)	To (Month/Year)	Employer	Business Telephone # ()
Starting Job Title/Final Job Title		Street Address	City State
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later			
Reason for leaving		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$	

Skills and Qualifications

First Aid Trained

CPR Certified

Medication Administration Trained

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Educational Background

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Opal In-Home Services, Inc. is true, complete and correct.

I authorize Opal In-Home Services, Inc., its representatives, employees or agents to contact and obtain information from all references (personal, professional, employers, public agencies, licensing authorities and educational institutions) and to verify the accuracy of all information provided by me in this application, résumé or job interview(s). I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Opal In-Home Services, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time and the employer reserves the right to terminate my employment at any time, with or without prior notice, as employment at Opal In-Home Services, Inc. is "at-will". I understand that this application is not an employment contract and that no representative of Opal In-Home Services, Inc. is authorized to enter into an employment contract other than the company administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I.) cancel further considerations of this application, or (II.) immediately discharge me from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Printed Name _____
First Last

Signature of Applicant _____

Date ____/____/____

Acknowledgment of Employer's Right and Need for MVR Information

The employee (undersigned) understands Opal In-Home Services, Inc. must comply with statutory insurance requirements as they pertain to employee driving Opal In-Home Services, Inc.'s vehicles and/or use of Opal In-Home Services, Inc.'s vehicles on the job. By the signature below, the employee acknowledges and agrees that Opal In-Home Services, Inc. is entitled to receive/send proof of license(s) and/or motor vehicle reports/records (herein records), from employee and/or third parties.

Opal In-Home Services, Inc. and employees understand that use of these records is limited to Opal In-Home Services, Inc.'s obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Opal In-Home Services, Inc. will exercise best efforts to limit use of records as herein specified.

Printed First Name and Last Name

Date of Birth

Driver's License Number

Driver's License State (example: Minnesota)

This form authorizes Opal In-Home Services, Inc. to check my Motor Vehicle Record periodically without further consent. This authorization expires upon termination of my employment with Opal In-Home Services, Inc.

Signature

Date

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA give several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20219 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Controller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20551 202-452-3693
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 Programs 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 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
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
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

DISCLOSURE AND AUTHORIZATION REGARDING OBTAINING CONSUMER AND/OR INVESTIGATIVE REPORTS FOR EMPLOYMENT

In considering your application for employment or in making other employment decisions, Opal In-Home Services, Inc. may request that a consumer reporting agency prepare a consumer report or investigative consumer report (collectively to hereafter as an "investigative report") regarding you. In addition, Opal In-Home Services, Inc. may independently conduct background checks on you. The consumer report and/or background check may include, but not be limited to, information regarding your driver's record, criminal convictions, former employers, education, and/or training. Opal In-Home Services, Inc. is using this form in accordance with the Fair Credit Reporting Act (FCRA) and the Minnesota Access to Consumer Reports Act (MACRA).

1. By signing this disclosure, you consent to Opal In-Home Services, Inc. obtaining a consumer report and/or investigative consumer report on you and further consent to Opal In-Home Services, Inc. independently conducting a background check on you. Your failure or refusal to consent may be considered by Opal In-Home Services, Inc. in evaluation of your application for employment or in making other employment decisions.
2. By signing this disclosure, you acknowledge that you:
 - a. Have received a copy of this disclosure,
 - b. Have been notified of the possibility that a consumer and/or investigative report will be prepared, and
 - c. You understand this disclosure has been incorporated into Opal In-Home Services, Inc. application for employment.
3. By this disclosure, you are also advised of your rights to receive a copy of the consumer report and/or the investigative report obtained by Opal In-Home Services, Inc.
 - a. By checking the box found on the bottom (back) of this form, you may request, at no expense, a copy of either the consumer or investigative report, should one be prepared. By your receipt of this disclosure, you are acknowledging that to request the report you must check the box found below.
 - b. Even if you do not check the box below you will still receive a copy of the report if Opal In-Home Services, Inc. considers or takes adverse action based on such report.
 - c. If you receive a copy of the consumer or investigative report, it will include a statement of your right to dispute and correct any errors, and of the procedures under U.S. Code, Title 15, Section 168101681t.
4. In accordance with the Federal Fair Credit Reporting Act, if an investigative report is requested, you have the right to request that Opal In-Home Services, Inc. completely and accurately disclose to you the nature and scope of any requested report.
 - a. Your request must be made in writing to the Human Resources Department of Opal In-Home Services, Inc. within a reasonable period of time after you sign this disclosure or are advised that Opal In-Home Services, Inc. might obtain a consumer or investigative report. You have the right to receive a response to your request within the later of five days after Opal In-Home Services, Inc. receives your request or the date such report is requested.
 - b. If an investigative report is conducted, the report may include information as to your character, general reputation, personal characteristics, and/or mode of living obtained through personal interviews of your friends, acquaintances, and/or family members.

- c. If an investigative report is requested, you will be provided a written summary of your rights under the Federal Fair Credit Reporting Act together with this Authorization form.
5. If Opal In-Home Services, Inc. proposes to take or takes adverse employment action against you wholly or partly because of information contained in the consumer or investigative report, Opal In-Home Services, Inc. will:
- a. Advise you and send you a copy of the consumer report if you have not already requested and received a copy by checking the box down below, and
 - b. Provide you with the name, address, and phone number of the consumer reporting agency making the report, and
 - c. Provide you information about your rights to dispute and correct any errors in the report and of procedures provided for under U.S. Code, Title 15, Section 1681-1681t.

I hereby consent and authorize Opal In-Home Services, Inc. to obtain a consumer report and/or consumer investigative report and/or conduct a background check on me for purposes of hiring and other employment decisions about me. By signing the acknowledgement below, I release Opal In-Home Services, Inc. from all liability relating to or arising from such consumer reports and/or consumer investigative reports and/or background checks. I acknowledge that I have read this entire document and understand the same.

Date

Applicant/Employee Signature

I wish to receive a copy of any consumer and/or investigative report requested by Opal In-Home Services, Inc.

Date

Applicant/Employee Signature