**INDEPENDENT IDENTITY EMPLOYMENT / JOB APPLICATION**

**A logo of a lock

Description automatically generated**

**Instructions:** Thank you for applying for employment with Independent Identity! This is a fillable form. You can fill in the information by clicking on the text field next to the required information. After completing this form, please save it as a PDF and submit it with any signatures necessary.

**INDEPENDENT IDENTITY EMPLOYMENT / JOB APPLICATION**

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| **PERSONAL INFORMATION** |

**NAME:** First, Last **DATE:** Date

**ADDRESS:** Street Address Suite/Apartment/Building

CityState

**EMAIL:** Email **PHONE:** (XXX-XXX-XXXX

**SOCIAL SECURITY NUMBER:** Social Security Number

**DATE AVAILABLE:** Date Available

**LANGUAGES SPOKEN:** Languages Spoken

**POSITION APPLIED FOR:** Position Title

**PROFESSIONAL LICENSES & CERTIFICATIONS:** List licenses here

**DESIRED WORKLOAD:** Choose an item.   
**If part time, what is your availability:** Please enter days and times

**Please write a short paragraph about why this position interests you:**

Click or tap here to enter text.

**HOW DID YOU HEAR ABOUT US?**

**Friend/Relative**

**Current or Former Independent Identity Employee**

**Indeed.com/ Zip Recruiter**

**Facebook**

**Instagram**

**LinkedIn**

**Other:** Click or tap here to enter text.

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| **EMPLOYMENT ELIGIBILITY** |

**Are you at least 18 years old?** Response

**Do you currently hold a valid driver’s license?** Response

**Do you currently hold a CPR certification?** Response

**If not, are you willing to get one prior to starting?** Response

**Are you legally eligible to work in the U.S.?** Response

**Have you ever worked for this employer?** Response

**\*If yes, write the start and end dates:**

Click or tap here to enter text. **to** Click or tap here to enter text.

**Have you ever been convicted of a crime?** Response

**\*if yes, please list offense, date, location, and age at the time of offense:**

Click or tap here to enter text.

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| **EDUCATION** |

**HIGH SCHOOL:** School **CITY / STATE:** City/State

**FROM:** Date **TO:** Date

**GRADUATE?** Choose an item. **DIPLOMA:** Click or tap here to enter text.

**COLLEGE:** School **CITY / STATE:** City/State

**FROM:** Date **TO:** Date

**GRADUATE?** Choose an item. **DIPLOMA:** Click or tap here to enter text.

**GRADUATE:** School **CITY / STATE:** City/State

**FROM:** Date **TO:** Date

**GRADUATE?** School **DIPLOMA:** Click or tap here to enter text.

**OTHER:** School **CITY / STATE:** City/State

**FROM:** Date **TO:** Date

**GRADUATE?** Choose an item. **CERTIFICATE:**Click or tap here to enter text.

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| **PREVIOUS EMPLOYMENT** |

**EMPLOYER 1:** Company Name **SUPERVISOR:** First, Last

**E-MAIL:** Email **PHONE:** Number

**ADDRESS:** Street AddressSuite/Building/

CityState

**STARTING PAY:** $Amount HOURLY SALARY

**ENDING PAY:** $Amount HOURLY SALARY

**JOB TITLE:** Title

**RESPONSIBILITIES:** Enter Responsibilities Here

**FROM:** Date **TO:** Date

**REASON FOR LEAVING:** Enter Response Here

**EMPLOYER 2:** Company Name **SUPERVISOR:** First, Last

**E-MAIL:** Email **PHONE:** Number

**ADDRESS:** Street AddressSuite/Building/

CityState

**STARTING PAY:** $Amount HOURLY SALARY

**ENDING PAY:** $Amount HOURLY SALARY

**JOB TITLE:** Title

**RESPONSIBILITIES:** Enter Responsibilities Here

**FROM:** Date **TO:** Date

**REASON FOR LEAVING:** Enter Response Here

**EMPLOYER 3:** Company Name **SUPERVISOR:** First, Last

**E-MAIL:** Email **PHONE:** Number

**ADDRESS:** Street AddressSuite/Building/

CityState

**STARTING PAY:** $Amount HOURLY SALARY

**ENDING PAY:** $Amount HOURLY SALARY

**JOB TITLE:** Title

**RESPONSIBILITIES:** Enter Responsibilities Here

**FROM:** Date **TO:** Date

**REASON FOR LEAVING:** Enter Response Here

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| **REFERENCES**  (PROFESSIONAL ONLY) |

1. **FULL NAME:** First/Last Name **RELATIONSHIP:** Relationship

**COMPANY:** Company Name **TITLE:** Title

**E-MAIL:** Email Address **PHONE:** Phone Number

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**COMPANY:** Company Name **TITLE:** Title

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**COMPANY:** Company Name **TITLE:** Title

**E-MAIL:** Email Address **PHONE:** Phone Number

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| **MILITARY SERVICE** |

**ARE YOU A VETERAN?** Response

**BRANCH:** Response

**RANK AT DISCHARGE:** Response

**FROM:** Date **TO:** Date

**TYPE OF DISCHARGE:** Response

**IF NOT HONORABLE, PLEASE EXPLAIN:** Click or tap here to enter text.

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| **Additional Information** |

**Is there anything else you’d like us to know?**

Enter your response here

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| **BACKGROUND CHECK CONSENT** |

**ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** Response

**Disclosure Regarding Background Investigation**

Independent Identity (II) may request, for lawful purposes, background information about you from a consumer reporting agency in connection with your partnering with Independent Identity, including but not limited to employment, independent contractor assignments, interning, and volunteering. This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by Independent Identity, throughout your employment, contract period, or volunteer time, as applicable.

Independent Identity will use Backgrounds Online (www.backgroundsonline.com) and/or the Department of Public Safety to prepare or assemble background checks. The scope of this disclosure is all-encompassing, however, allowing Independent Identity to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

The types of information that may be obtained include but are not limited to: Social security number and name verifications, address history, and criminal records and history.

Information may be obtained from public or private sources, including government agencies, past employers, etc.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report.

**Acknowledgment & Authorization for Background Screening**

I have read and understand the "Disclosure Regarding Background Investigation" and the "Summary of Consumer Rights Under the Fair Credit Reporting Act."

I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Independent Identity at any time after receipt of this authorization and throughout my partnership with Independent Identity, whether employment, contracting, volunteering, or interning. 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, or insurance company to furnish any and all background information requested by Backgrounds Online, Department of Public Safety, Independent Identity, and any other entity on behalf of Independent Identity. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Date

Printed Name: Printed Name

**Personal Information Required for Background Screening**

To authorize your background check, please carefully read the accompanying documents and fill out the information below as clearly and accurately as possible, including your full legal name **as it appears on your photo ID.**

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. This information is confidential and will be used strictly for background screening purposes only.

Name: First Name Middle Name Last Name

Other Names/Aliases, Maiden Name: Click or tap here to enter text.

Position Applied For: Position

Social Security Number: XXX-XX-XXXX Date of Birth: Select Date

Driver’s License Number: Enter number here State: State  
  
Current Address City/State/Zip Code

Email Address: Email Phone Number: (XXX)-XXX-XXXX

Current/Former Employer: Employer Name Position: Title

Dates of Employment: Date to Date

If currently employed, may we contact your employer? Yes No

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| **DISCLAIMER** |

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: Date

**PRINTED NAME:** Printed Name