

Family Outreach, Inc.
Direct Service Provider Application
PLEASE PRINT LEGIBLY

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

**** If you respond on a separate sheet of paper(s), ensure all questions are answered, the same format is followed, and you write your name and the job title for which you are applying on each sheet.**

I. <u>Applicant Information:</u>			
Name: _____		Social Security #: _____	
<small>Last</small>	<small>First</small>	<small>M.I</small>	
Address: _____			
<small>Street</small>	<small>City</small>	<small>St</small>	<small>Zip Code</small>
Mailing address: _____			
<small>(if different)</small>			
<small>Street</small>	<small>City</small>	<small>St</small>	<small>Zip Code</small>
Home Phone: (_____) _____		Alternate Phone: (_____) _____	
Emergency contact: _____		Phone Number: (_____) _____	
Email address: _____		How did you hear about us? _____	
II. <u>Employment History:</u>			
List all your employment and volunteer experience within the last 10 years with an emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. Attach additional sheets if necessary.			
Employer name and complete address: _____			
Your job title and duties _____			
Dates employed: _____ To _____		Total time employed: _____ (years/months) <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Volunteer	
Supervisor Name: _____		Phone Number: (_____) _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____			
Employer name and complete address: _____			
Your job title and duties _____			
Dates employed: _____ To _____		Total time employed: _____ (years/months) <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Volunteer	
Supervisor Name: _____		Phone Number: (_____) _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____			
Employer name and complete address: _____			
Your job title and duties _____			
Dates employed: _____ To _____		Total time employed: _____ (years/months) <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Volunteer	
Supervisor Name: _____		Phone Number: (_____) _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____			
Employer name and complete address: _____			
Your job title and duties _____			
Dates employed: _____ To _____		Total time employed: _____ (years/months) <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Volunteer	
Supervisor Name: _____		Phone Number: (_____) _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: _____			

III. Education and Training:

Describe in detail your education and training with an emphasis on that which is directly applicable to the position for which you are applying. If you respond on a separate sheet(s), ensure you write your name and the job title for which you are applying for on each sheet.

High school name, city, and state: _____

Did you receive a diploma or equivalency? Yes No – If no, please enter highest grade completed

College, University, or technical school, or training name and location	Dates Attended	Degree Earned	Credits Earned

IV. Current professional licenses, registrations, or certifications (include 1st AID/CPR):

Licensing agency name/location	Type of license/certificate/registration	Date licenses/certified/registered	Expiration Date

V. Other experience, training, or skills related to working with individuals with disabilities): _____

VI. Availability:

Please indicate what you are willing to work: Full-Time Part-Time # of hours desired: _____

Please indicate what hours you are willing to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

VII. Transportation:

Do you have your own transportation? Yes No

Is it insured? Yes No *Please attach a copy of vehicle insurance and registration

Do you have a valid Montana driver's license? Yes No

Do you have any traffic tickets (exclude parking violations): Yes No If yes, explain: _____

Personal References: Please list at least 2 professional and 2 personal references that you have known one year or longer (other than relatives):

NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE NUMBER

My signature certifies all information on or attached to this application is true and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand falsification or misrepresentation may disqualify me from consideration, or if hired, may be grounds for termination. I understand former employers may be contact as references. I understand temporary job assignments may end at any time with or without cause.

Signature: _____ Date: _____

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by FAMILY OUTREACH that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name	Date
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⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

