

The Average Man's Bank



ARIZONA • NEVADA

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-4			Date:	
Name:				
Last	First	Middle	Maiden	
Present Address				
Number	Street	City	State	Zip
How Long:			Social Security No.:	
Telephone:				
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref _____	Thur _____
			Mon _____	Fri _____
			Tue _____	Sat _____
			Wed _____	Sun _____
How many hours can you work weekly?			Can you work nights?	
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

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MILITARY			
Have you ever been in the armed forces?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the national guard?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty	Date Entered	Discharge Date	
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			
This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.			
Thank you for completing this application form and for your interest in our business.			



Employer Lynx, Inc.
NV Lic #793

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, worker's compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired /contracted, I understand that my employer / landlord can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: _____

Printed Name: _____

Date: _____



Employer Lynx, Inc.
NV Lic #793

EMPLOYER LYNX RELEASE AND AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Employer Lynx, Inc. ("Agency"), 501 E. Caroline Street, Carson City, NV 89701, telephone number (775) 883-3733, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.employerlynx.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to be. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's office, which address is listed above. I can have someone accompany me to the Agency's office. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization form for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one).

Yes, my current employer may be contacted ___
No, my current employer cannot be contacted ___

I have been provided the Authorization for Consumer Reports in its entirety (2 pages) and herein the website for the summary of my rights under the Fair Credit Reporting Act at www.ftc.gov/credit.

Print **FULL** Name: _____
First Middle Last

Other Names/Alias ever used: _____

Signature: _____ **Date:** _____

Email Address: _____ Phone Number: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Drivers License No.: _____ State of Issue: _____

NOTE: Address must cover last seven (7) years

Current Street Address: _____
(Address, City, State, Zip) Date: From _____ to _____

Previous Street Address: _____
(Address, City, State, Zip) Date: From _____ to _____

Previous Street Address: _____
(Address, City, State, Zip) Date: From _____ to _____

Previous Street Address: _____
(Address, City, State, Zip) Date: From _____ to _____

Hire Date: _____



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services, I, _____ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the Nevada Department of Public Safety and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions and sentences. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.

_____ (date) _____ (initial)

- 3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

PERSONAL IDENTIFICATION INFORMATION:

Name: _____ LAST FIRST MIDDLE

Any Other Name Used: _____ LAST FIRST MIDDLE

Date of Birth: _____ Social Security Number: _____ Sex: [] M [] F
Month Date Year

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Authorized Participant: EMPLOYER LYNX INC.
(PRINTED: Employer/Volunteer Organization/Employment Screening Service)

Applicant's Signature: _____

Applicant's Physical Address: _____

Date: _____

For OFFICIAL USE ONLY
[] Yes [] No
Date: _____