

**Employment Application | The Bridge of Storm Lake**

Please return application with résumé or *résumé* form at your earliest convenience

**General Information**

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

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

**Education:**

Highest level of education completed: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Graduate: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Other Training: \_\_\_\_\_

**Further Questions:**

Past Volunteer Experiences: \_\_\_\_\_

Have you ever been convicted of a crime? If so, please explain: \_\_\_\_\_

Are you a veteran? If so, please explain duties and/or specialized training: \_\_\_\_\_

List any medical conditions and/or medication needs that would affect your performance: \_\_\_\_\_

Do you have a current driver's license: YES NO

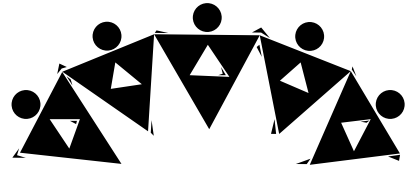
**References | Please list two people who are not related to you.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Relation to you: \_\_\_\_\_



**Résumé Form | The Bridge of Storm Lake**

**Previous Employment | Please fill out most recent position first**

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities

- 
- 
- 

Skills used:

- 
- 
- 

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Responsibilities

- 
- 
- 

Skills used:

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Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

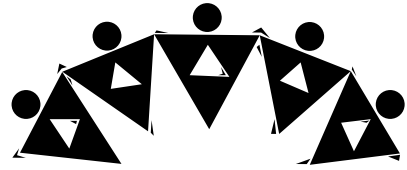
Responsibilities

- 
- 
- 

Skills used:

- 
- 
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# Waiver Form



Volunteer Name: \_\_\_\_\_

## Code of Conduct:

The Bridge of Storm Lake expects volunteers to conduct themselves in a professional, ethical, and responsible manner that reflects well upon The Bridge of Storm Lake, promotes a spirit of cooperation and teamwork among volunteers and staff, and is respectful of the clients, youth, and members of the public with whom we interact. Failure to do so may lead to corrective action, including dismissal.

No code of conduct statement can possibly cover every circumstance that may arise. Volunteers are urged to use common sense and ask a supervisor for clarification of any questions in this area.

## Publicity/Image/Voice Permission:

Photos, videos, and/or audio recordings of The Bridge's event/activity may be used for education or promotion. To authorize the use of your image and/or voice recording please initial here. Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Program Assumption of Risk and Release of Liability:

In being accepted and allowed to participate in The Bridge of Storm Lake activities associated with its programs and locations, I assume responsibility for my actions. I release The Bridge of Storm Lake, its Board of Directors, employees, agents, and staff from liability, loss, injury or damage to my property or myself. Nothing contained herein shall excuse The Bridge of Storm Lake staff, or its employees from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release The Bridge of Storm Lake, its Board of Directors, staff, employees, agents, and sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with The Bridge of Storm Lake), as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon or dentist.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all materials to The Bridge of Storm Lake.



# APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]  
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Bridge of Storm Lake may obtain information about you from a consumer reporting agency for employment or volunteer missionary purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants is an investigation into your education and/or employment history conducted by **One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing The Bridge to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Bridge at any time after receipt of this authorization and throughout my time of service, if applicable. 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 **One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645**, another outside organization acting on behalf of The Bridge and/or The Bridge itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Other Names/Alias \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.