



# The Joy-Southfield

Community Development Corporation, Inc.

## Health & Education Center

This information form is to be completed by all volunteers who are applying for any position involving potential contact with minors or vulnerable adults. This form will be used to help the center to provide a safe and secure environment for those who participate in our programs and use our facilities. All information provided is kept confidential and secure.

### PERSONAL

DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_

*Identity must be confirmed with a state driver's license or other photographic identification.*

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROFESSIONAL LICENSE/CERTIFICATION: \_\_\_\_\_ #: \_\_\_\_\_  
(ATTACH COPY)

OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

OPERATOR\_\_ COMMERCIAL\_\_ CHAUFFEUR\_\_ EXPIRATION DATE: \_\_\_\_\_

Have you had any accidents in the past 5 years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any drug/alcohol related violations in the past 5 years? \_\_\_\_\_

If yes, please list offense, date and result. \_\_\_\_\_

How long at this address? \_\_\_\_\_

If less than 5 years, Previous address: \_\_\_\_\_

Have you lived or worked outside of Michigan?  No  Yes

What States and dates? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO A CRIME INVOLVING CHILDREN YOUTH OR VULNERABLE ADULTS?  No  Yes

(If yes, please explain. Attach a separate page.)

**PROFESISONAL**

CURRENT EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

PROFESSIONAL LICENSURE/CERTIFICATION: \_\_\_\_\_ (Attach Copy)

NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Has your current employer or school done a background check?  No  Yes

If yes, do you know the results? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL: \_\_\_\_\_ GED?  No  Yes

COLLEGE/TECHNICAL SCHOOL: \_\_\_\_\_

PROFESSIONAL DEGREE: \_\_\_\_\_

**PERSONAL REFERENCES**

(not former employers or relatives)

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

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# The Joy-Southfield Community Development Corporation, Inc.

18917 Joy Road  
Detroit, MI 48228  
Phone: 313-581-7773  
Fax: 313-581-7793

## Applicant Authorization and Consent for Release of Information

### PLEASE READ CAREFULLY

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of the attached employment application is true and complete to the best of my knowledge. I understand that any false statement provided by me will be considered as cause for possible dismissal. All results of the research into my background will be proprietary and kept confidential. The information obtained will not be provided to any parties that are not part of the hiring decision.

This Authorization and Consent for Release acknowledges that Joy-Southfield Community Development Corporation may now conduct a verification and/or screening of my Previous Employment, Education, Driving Record, References, Tenancy, and/or any Criminal History Record information pertaining to me that may be in the files of any Federal, State, or Local Criminal Justice agency in any State, Territory, Possession, or Jurisdictional Area of the United States of America, or other Nations or Countries. I acknowledge by my signature below that volunteering or employment with Joy-Southfield Community Development Corporation is contingent upon satisfactory background verification.

I have read and understand this release and consent, and I authorize the background search. I authorize persons, current and former employers, and other organizations and agencies to provide all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Joy-Southfield Community Development Corporation, their agents and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and reporting of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if my employment application was denied based on information obtained by prospective employer, and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background screening report.

Applicant's Full Name (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature (must be signed by applicant) Date: \_\_\_\_\_