

**LAKE JUNALUSKA ASSEMBLY, INC
CONFERENCE & RETREAT CENTER**

**APPLICATION FOR
EMPLOYMENT**

Human Resources Department
PO Box 67
Lake Junaluska, NC 28745

Name-Last, First, Middle Initial		Other Names Used
Street Address		Home Phone
City, State, Zip		Cell Phone
Email Address		Social Security Number
Are you eligible to work in the U.S? []Yes []No		Are you available to work overtime if necessary, including nights/weekends? []Yes []No
Types of employment preferred: 1. _____ 2. _____ 3. _____ 4. _____		
Are you seeking: []Full-time []Part-time []Seasonal []Summer	If other than full time, indicate hours available.	When are you available to begin work?
Have you ever been convicted of an offense other than a minor traffic violation? []Yes []No If "yes," give the date and explain the nature of each conviction _____ _____		

Schools Attended	Name and Address of School	Last Grade Completed	
HIGH SCHOOL	_____		
UNIVERSITY COLLEGE OR TECHNICAL SCHOOL	_____	COURSE OF STUDY	DEGREE ATTAINED
		_____	_____

Are you currently attending school? []Yes []No If yes, where? _____ Professional organizations, school activities, honors, civic activities, etc. _____ _____
Do you have skills in the following areas? Data Entry []Yes []No Computer Usage? []Yes []No List any other office skills and/or equipment with which you have skills: _____ _____
List any machinery or equipment you operate relevant to the position sought? _____ _____
Have you ever been employed by Lake Junaluska Assembly, Inc? []Yes []No If yes, when _____ in what position: _____ Do you have any relatives employed by Lake Junaluska Assembly, Inc? []Yes []No If yes, who _____ Department _____ Relation _____
Will you request staff room and board (for summer work only)? []Yes []No
Are you willing to submit to a Controlled Substance screening if required? []Yes []No

EMPLOYMENT	This section must be completed in full. Please list your employment history. Only refer to your resume for job duties performed. Note any periods for which you were not employed.
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Company Name (most recent employment)	Telephone	Number of Hours Worked per Week
Address	Employed (State Month and Year) From _____ To _____	
Supervisor Name and Title	Annual Pay Start _____ Last _____	
State Job Title and Describe Your Work	Reason for Leaving	

Company Name	Telephone	Number of Hours Worked per Week
Address	Employed (State Month and Year) From _____ To _____	
Supervisor Name and Title	Annual Pay Start _____ Last _____	
State Job Title and Describe Your Work	Reason for Leaving	

Company Name	Telephone	Number of Hours Worked per Week
Address	Employed (State Month and Year) From _____ To _____	
Supervisor Name and Title	Annual Pay Start _____ Last _____	
State Job Title and Describe Your Work	Reason for Leaving	

Have you ever been suspended or discharged from any position by any employer? []Yes []No If "yes," please explain: _____

Please explain all gaps in employment listed above: _____

May we contact the employers listed above? []Yes []No If not, please indicate which one(s) you do not wish us to contact: _____

Do you have a valid driver's license? []Yes []No If yes, which state and driver's license number? _____

List name, address, and phone for three personal references

1. _____	Phone () _____
2. _____	Phone () _____
3. _____	Phone () _____

Please read this section very carefully and sign below:

I certify that the information in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal. I authorize the references and employers listed to give you any information concerning my previous employment and pertinent information they may have, personal, or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I also authorize you to conduct a background criminal investigation if deemed appropriate. I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and Lake Junaluska Assembly, Inc., retains the same rights. No LJA representative has the authority to make any contrary agreement. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

For Office Use Only	Date Received: _____	Scan Date:
Departmental Referrals	1. _____ Date _____ Action _____	
	2. _____ Date _____ Action _____	
	3. _____ Date _____ Action _____	

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/ agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, MS 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20205 202-720-7051

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize ADP Screening and Selection Services
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency - non-sworn (Purpose code 'J')
- Employment with criminal justice agency - sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90 180/ _____ (circle one) days from date of signature.
- I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.

GCIC OPERATIONS BULLETIN 2007-18

Subject: **Consent Form for Obtaining Georgia Criminal History Record Information (CHRI)**

1. Pursuant to O.C.G.A. § 35-3-34(a)(1)(A), GCIC Rule 140-2-.04 states "*at the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought*". The signed consent form enables the requestor to obtain complete Georgia criminal history record information, with the exception of sealed information.
2. The signed consent must be in a format approved by GCIC and include, as a minimum, the person's full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs or white out/liquid paper are not permissible. If a change or correction is necessary, a new consent form must be completed.
3. The consent form should specify the expiration date of the consent.
4. Consent forms should either: (1) specify a specific expiration date such as 90 or 180 days from the date of signing; or (2) specify that the requestor may periodically check the Georgia criminal history information at any time during the consenting individual's term of employment. If the periodic checks option is chosen, the statement should clearly indicate that the consenting individual understands that permission is being given to the requesting entity to run additional background checks periodically without seeking additional consent of the individual.
5. If no expiration date is stated on the form, the consent will expire 90 days from the date of signing by the person whose record is sought. After this 90 day period, no criminal history information shall be obtained from GCIC without submission of a new and current consent form.

Approved: _____

Paul C. Heppner
Paul C. Heppner, Deputy Director for GCIC

4-27-07

Date