Community Bridge, Inc.

1 Scott Circle NW, Suite 820
Washington DC 20036
202-483-9339

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name_____ Date of application_____
LAST FIRST MIDDLE

Address_____ City _____ State _____ Zip_____

Telephone_____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) ☐ No ☐ Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate ____

Name & Address of School	Major Course studied	Graduated or degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for:_____

If required, will you work?

Rotating shifts ☐ YES ☐ NO Saturdays ☐ YES ☐ NO
Overtime ☐ YES ☐ NO Sundays ☐ YES ☐ NO

Position applying for, be specific: Salary Requirements $ ☐ per hour ☐ per month

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start
/ /

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? ☐ Yes ☐ No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	**SALARY** BEGIN END	**EMPLOYED** FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		**REASON FOR LEAVING:**	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					

FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	**SALARY** BEGIN END	**EMPLOYED** FROM TO MO/YR MO/YR
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LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature ______________________________ **Date**____________

DEPARTMENT OF HUMAN RESOURCES
Office of Human Resource Operation Services

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND SCREENING

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (below) 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 Washington Metropolitan Area Transit Authority at any time after receipt of this authorization and throughout my employment and/or contracted employment, 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 First Choice Background Screening, 6365 Taft Street, Suite #2000, Hollywood,FL 33024 Toll free number: 888.222.6988 x7808 Toll-free fax: 888.949.2010 www.firstchoicebackground.com and/or Washington Metropolitan Area Transit Authority itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

BACKGROUND INFORMATION

Last Name	Suffix:	First	Middle

Other Names/Alias

Social Security*#	Date of Birth*	Driver's License#	State of Driver's License

Present Address

City/State/Zip

Email Address	Phone Number

**Company Name	Company Telephone Number
COMMUNITY BRIDGE, INC.	202-483-9339

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

** For contractors requesting badging/access to Metro property only.

Signature	Date

DISCLOSURE REGARDING BACKGROUND SCREENINGS

Washington Metropolitan Area Transit Authority (Metro) may obtain information about you from a third party consumer reporting agency for candidates for employment, current employees and for contractors for badging/access to Metro property 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, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, civil judgment history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Choice Background Screening Compliance Department, 6365 Taft Street, Suite #2000, Hollywood, FL 33024 Toll-free number: 888.222.6988 x7808 Toll-free fax: 888.949.2010 www.firstchoicebackground.com. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature:	Date:

See Reverse