



**For your Application to be processed you must check to ensure the following are included:**

### **APPLICATION REMINDERS**

- 1.) **3 total forms should** be signed and dated as part of application process:
  - a. Application
  - b. Investigation and Disclosure Authorization
  - c. Release Authorization
- 2.) Application "**Position Applied**" section (top of page 1) must be entered  
*NOTE: Only applications tied to a specific open position will be accepted. All others will be discarded. Typically, Thrive Upstate will always have an open position for Direct Support Professionals (DSP).*
- 3.) Forms must be **legible** and completed by you (the candidate)
- 4.) All sections of the application must be **complete** or write in "NA" as appropriate
- 5.) Last page of the application must be **signed and dated**
- 6.) Both Authorization forms **MUST** be filled out completely and signed

*Thank you for your interest in Thrive Upstate. If you are selected for an interview you will be called in the next two weeks.*

*Your application for employment shall be considered active for a period of time not to exceed forty-five (45) days after the application date.*

*Thrive Upstate is an "At-Will" equal opportunity employer. It is the policy of Thrive Upstate to provide equal employment opportunities to all applicants and employees without regard to sex, race, genetic information, color, religion, national origin, marital status, age, disability, veteran status, or any other status protected under state or federal law.*



## EMPLOYMENT APPLICATION

**THIS IS NOT A CONTRACT.** Thrive Upstate is an **EEO** employer and is an “At-Will” employer. It is the policy of Thrive Upstate to provide equal employment opportunities to all applicants and employees without regard to sex, race, genetic information, color, religion, national origin, marital status, age, disability, veteran status, or any other status protected under state or federal law. This application for employment shall be considered active for a period of time not to exceed forty-five (45) days after the application date. **Please PRINT clearly.**

APPLICANT INFORMATION		
Position Applied For (you must list a specific, open position)		Today's Date:
How did you hear about the available position?	Did a Thrive Upstate employee refer you? <input type="checkbox"/> <b>YES</b> if so, who? <input type="checkbox"/> No	
Applicant Name (Last , First, MI):		
Current Address (Street, City, State, Zip):	How long have you lived at this address? _____ Yrs. _____ Mths.	
Previous Address (Street, City, State, Zip):	How long did you live at this address? _____ Yrs. _____ Mths.	
<b>Best Phone Number:</b>	Alternate Phone Number:	
E-Mail Address:		
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No	Are you at least 18 years old? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No	
Type of employment you are seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN	Shift Preference: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Any	
Have you ever been previously employed by Thrive Upstate? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No	<b>If yes, give date(s):</b>	
Have you ever filed an application here before? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No	<b>If yes, give date(s):</b>	
Have you obtained your GED or High School Diploma? <input type="checkbox"/> <b>YES</b> - If yes, from where? <input type="checkbox"/> No		
List any relatives currently employed by Thrive Upstate	Name:	Relationship:
List any relatives currently receiving services offered by Thrive Upstate	Name:	Relationship:
<b>Have you ever been convicted of abuse or neglect of a child or vulnerable adult?</b> <input type="checkbox"/> <b>YES</b> -- If yes, when? <input type="checkbox"/> No		
<b>Have you been convicted of a criminal offense?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No <b>If yes, state the nature of the crime(s), when and where convicted and disposition of the case.</b> (Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense, except where prohibited by state or federal laws or company policy. The nature of the offense, date of the offense, the surrounding circumstances and the relevance to the position(s) applied for may, however, be considered).		
Do you have a driver's license? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> No	Driver's License#	State:

List any traffic tickets/citations received in the past 3 years/36 months:

### EDUCATION HISTORY

	Name	Did you graduate?	Field of Study and Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT HISTORY

**Start with your present or most recent job and include all employment experiences.  
(You MUST complete this section even if submitting a resume.)**

Company Name/Address	City/State	Telephone	Dates Employed From (MM/YY) To (MM/YY)	
Position Held:	Supervisor:		Starting Pay/Salary \$	Ending Pay/Salary \$
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> No	Explain reason for leaving:			
Company Name/Address	City/State	Telephone	Dates Employed From (MM/YY) To (MM/YY)	
Position Held:	Supervisor:		Starting Pay/Salary \$	Ending Pay/Salary \$
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> No	Explain reason for leaving:			
Company Name/Address	City/State	Telephone	Dates Employed From (MM/YY) To (MM/YY)	
Position Held:	Supervisor:		Starting Pay/Salary \$	Ending Pay/Salary \$
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> No	Explain reason for leaving:			

Please list and explain all periods of unemployment during the last 5 years	From	To	Reason for unemployment:
	From	To	Reason for unemployment:

### PERSONAL REFERENCES

Please list three references who are **not relatives or current Thrive Upstate Employees** of whom you have known at least one year.

Name	Telephone Number	# of years known	Relationship

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**SPECIAL SKILLS**

List any special skills or experience you feel would help you in the position you are applying for.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

**PLEASE READ BEFORE SIGNING - If not signed, your application may be rejected.**

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I understand any falsification, misrepresentation or omission of facts on this application (or any other required document) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I understand, also, that I am required to abide by all policies, rules and regulations of the employer.

**I hereby understand, if hired, my employment will be “At-Will”, which means either party can end the employment relationship at any time with or without notice and for any reason.** No manager or employee of the company has the authority to enter into any agreement for employment for any specified period of time, to make any agreement for employment other than at-will, or to limit or modify any employee’s at-will status. Any agreement of employment other than at-will must be outlined in a formal written agreement and **MUST** be approved by the Thrive Upstate Board of Directors.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I release any persons and/or previous employers supplying such information from any claims or damages of any nature resulting from information provided in connection with verification of my previous or current employment.

I understand any offer of employment shall be contingent upon me meeting all of the requirements of the position and providing any documents (i.e., proof of education, certificates, license, etc.) requested to determine my qualifications for the position hired. I also understand any offer of employment shall be contingent upon my successful completion of any required medical examination or testing to determine my eligibility for employment. I also consent to have the results of any medical examination or medical test disclosed to Thrive Upstate.

I also agree to provide, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

**Applicant Name (PLEASE PRINT):** \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



## Investigation and Disclosure Authorization

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. A summary of these rights is available to you upon request.

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

The report will be processed by SLED Records Department, PO Box 21398 Columbia SC 29221-1398

**Applicant's Name (Please Print):** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

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

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

# RELEASE AUTHORIZATION

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my driving record, court record, education, credentials, credit, and references.
2. If company policy requires, to the maximum extent permitted by law, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. To the fullest extent of the law I release Thrive Upstate, its employees, agents, management, its designated medical or professional representatives from any and all claims or causes of action resulting from this test, the release of the results of the test, and any decisions resulting therefrom.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the South Carolina Department of Labor.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or reference contacted by Thrive Upstate or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer, agents, organizations to which you may be assigned, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

<b>FULL NAME:</b> LAST	FIRST	MIDDLE
PLEASE PRINT ANY NAMES YOU HAVE USED		
HOME ADDRESS: STREET		
CITY, STATE, ZIP		
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
DRIVERS LICENSE NUMBER	STATE ISSUING LICENSE	
NAME AS IT APPEARS ON LICENSE		
SIGNATURE		DATE (MM/DD/YYYY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex:     Male         Female  
 Race:    Asian         Black         Hispanic         White         Other

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS

**Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5678688.
  - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
  - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200 Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Office of Proceedings, Surface Transportation Board Department of  
Transportation 395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration 1501 Farm Credit Drive

McLean, VA 22102-5090  
FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357