





## Work History

Record all jobs held, including volunteer or unpaid jobs, for the previous **five years**. List the most recent position first.

Date From	Date To	Name of Company	
Type of Business		Address (Address, City, State, ZIP)	
Phone (      )		Position(s) Held	
Duties			
Starting Wage	Ending Wage	Supervisor	Reason for leaving
Date From	Date To	Name of Company	
Type of Business		Address (Address, City, State, ZIP)	
Phone (      )		Position(s) Held	
Duties			
Starting Wage	Ending Wage	Supervisor	Reason for leaving
Date From	Date To	Name of Company	
Type of Business		Address (Address, City, State, ZIP)	
Phone (      )		Position(s) Held	
Duties			
Starting Wage	Ending Wage	Supervisor	Reason for leaving
Date From	Date To	Name of Company	
Type of Business		Address (Address, City, State, ZIP)	
Phone (      )		Position(s) Held	
Duties			
Starting Wage	Ending Wage	Supervisor	Reason for leaving

I request you do not contact the following previous employer listed below, for the following reason:

---

**References**

Please furnish the name, address and phone number of two professional and one personal verifiable references. Do not include persons to whom you are related. Failure to provide information for references to be verified will cause delays in the application process.

**Professional**

Name	Relationship	Years known
Address (Address, City, State, ZIP)		Phone (     )

**Professional**

Name	Relationship	Years known
Address (Address, City, State, ZIP)		Phone (     )

**Personal**

Name	Relationship	Years known
Address (Address, City, State, ZIP)		Phone (     )

Please summarize applicable experience and special skills (i.e. providing care for a family member, volunteering at your child's school, etc.)
--

I certify that my answers are true and complete to the best of my knowledge. I authorize At Home Solutions, LLC to make such investigations and inquiries of my personal, employment and educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date



Dear Applicant,

All newly hired applicants must submit a current MVR (motor vehicle report) for a minimum of the prior three (3) years **after accepting** a position with At Home Solutions.

The report must be:

- 1) An official copy. Applicants are permitted to submit an official copy printed from the DMV Website [www.servicearizona.com](http://www.servicearizona.com) or a similar state web site that allows the purchasing and printing of the Motor Vehicle Records.
  - 2) proof that an applicant has a current valid driver's license.
  - 3) proof that the applicant has the ability to receive a driver's license. "No record found" is sufficient for those that have never had a driver's license
  - 4) less than 7 days old at the beginning of orientation. **Please do not obtain your MVR report until you are offered a position.** Reports more than 7 days old will not be accepted and applicants will have to obtain a new one.
- MVR reports will be reviewed by HR. Those applicants selected for employment must have an MVR report proving eligibility **before** being scheduled for orientation. You must bring in your MVR report prior to the first day of orientation. Failing to do so, will require a re-scheduling of your orientation and will delay employment.
  - All MVR reports submitted become the property of AHS and cannot be returned. Please make copies for your records before submitting the report for orientation.
  - The cost of the MVR report is non-reimbursable.

Mary Chapman  
HR Manager

At Home Solutions  
**DRUG/ALCOHOL ABUSE AWARENESS**

To ensure worker safety and workplace integrity, the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with the company is prohibited. Each employee and new hire will receive a drug/alcohol abuse awareness form to be signed and dated by the employee and which shall indicate that the employee:

1. Understands and agrees to abide by the drug/alcohol-free workplace policy;
2. Has knowledge that the company will take disciplinary action, including termination, under the following circumstances:
  - Violation of this policy;
  - Any activity that compromises the integrity or accuracy of any drug-testing program implemented by At Home Solutions;
  - Any failure or refusal to abide by the company's drug and alcohol abuse policy;
  - Conviction under any criminal statute.
3. Consents to undergo a urinalysis and/or blood test to determine the presence of alcohol or drugs in the system. Any such testing will be on company time and expense and is mandatory. All test results will remain confidential between the company and the tested employees except as may otherwise be permitted or required by law. Circumstances which would make such tests appropriate include but are not limited to:
  - Exhibition of behavior normally associated with persons under the influence of drugs or alcohol;
  - Involvement in an on-the-job or work related accident or incident;
  - Chronic tardiness or early departure; long breaks or lunches;
  - Equipment, money or supplies under one employee's control are missing;
  - Unexplained mood swings;
  - Allegations of theft, fraud, abuse, neglect or exploitation perpetrated on the client or company.
4. Understands when the company has probable cause to suspect an employee's performance or on-the-job behavior is affected in any way by drugs or alcohol, At Home Solutions may search:
  - The employee; and/or
  - Property under the employee's control.

By signing below, I state I have read and agree to abide by the terms of the Substance Abuse Policy of At Home Solutions.

---

Printed Name

---

Signature

---

Date

**Disclosure and Authorization Regarding Procurement of  
Investigative Consumer Report for Employment Purposes**

In conjunction with your application for employment, and if you are hired, in connection with promotion, reassignment or retention, we may conduct a reference check about you as part of our decision-making process. This reference check, also known as an investigative consumer report, may contain information about your character, general reputation, personal characteristics, or mode of living that is obtained by contacting your previous employers, associates, and references supplied by you or others. You have the right to make a written request, within a reasonable time after you sign this document, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

The Federal Fair Credit Reporting Act gives you specific rights regarding consumer reports. The official summary of those rights is provided with this document.

By your signature below, you authorize us to obtain an investigative consumer report about you in order to consider you for employment, and, if you are hired, to consider you for promotion, reassignment or retention.

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Social Security Number: \_\_\_\_\_



## 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. 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, Consumer Response Center- 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, Mail Stop 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, Division of 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 D.C. 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
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of 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 20250 * 202-720-7051

**CRIMINAL HISTORY SELF DISCLOSURE**

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

*Be sure that you go over all three (3) pages of the self-disclosure form with the applicant.*

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)
---------------------------------	--------------------------

ADDRESS (No., Street, Apt. No., City, State, ZIP)

Check one of the following and provide information as directed:

- I have not been convicted of nor am I under pending indictment for any crimes.
- I have been convicted of or I am under pending indictment for the following crime(s) *(provide dates, location/jurisdiction, circumstances and outcome-attach additional pages as needed).*

**ALSO** – Check one of the following and provide information as directed:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender *(provide dates, location/jurisdiction, circumstances and outcome-attach additional pages as needed).*

If you have been convicted of committing, attempting to commit, soliciting, facilitating or conspiring to commit one or more of the following crimes, DPS will deny you a fingerprint clearance card and you **WILL NOT** be eligible to appeal the decision.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | First or second-degree murder   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse   |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuse of a vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse of vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of a minor  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of a vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial sexual exploitation of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial sexual exploitation of a vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sex trafficking   |
| <input type="checkbox"/> | <input type="checkbox"/> | Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502    |
| <input type="checkbox"/> | <input type="checkbox"/> | Furnishing harmful items to minors as prescribed in section 13-3506   |
| <input type="checkbox"/> | <input type="checkbox"/> | Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512 |
| <input type="checkbox"/> | <input type="checkbox"/> | Luring a minor for sexual exploitation  |
| <input type="checkbox"/> | <input type="checkbox"/> | Enticement of persons for purposes of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | Procurement by false pretenses of person for purposes of prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child prostitution as prescribed in A.R.S. § 13-3212  |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking a child for the purposes of prostitution as prescribed in A.R.S. § 13-3206                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual conduct with a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | Molestation of a child  |

If you have been convicted of committing, attempting to commit, soliciting, facilitating or conspiring to commit one or more of the following crimes, DPS will deny you a fingerprint clearance card and you **WILL NOT** be eligible to appeal the decision.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Molestation of a vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | A dangerous crime against children as defined in A.R.S. § 13-604.01                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Exploitation of minors involving drug offenses   |
| <input type="checkbox"/> | <input type="checkbox"/> | Neglect or abuse of a vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | Procuring or placing persons in a house of prostitution                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving earnings of a prostitute   |
| <input type="checkbox"/> | <input type="checkbox"/> | Causing one's spouse to become a prostitute  |
| <input type="checkbox"/> | <input type="checkbox"/> | Detention of persons in a house of prostitution or debt                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Keeping or residing in a house of prostitution or employment in prostitution           |
| <input type="checkbox"/> | <input type="checkbox"/> | Pandering  |
| <input type="checkbox"/> | <input type="checkbox"/> | Transporting persons for the purpose of prostitution, polygamy and concubinage         |
| <input type="checkbox"/> | <input type="checkbox"/> | Portraying adult as a minor as prescribed in section 13-3555                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Admitting minors to public displays of sexual conduct as prescribed in section 13-3558 |

If you have been convicted of committing, attempting to commit, soliciting, facilitating or conspiring to commit one or more of the following crimes, DPS will deny you a fingerprint clearance card, but you **WILL** be eligible to appeal the decision with the Board of Fingerprinting.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Child neglect   |
| <input type="checkbox"/> | <input type="checkbox"/> | Misdemeanor offenses involving contributing to the delinquency of a minor         |
| <input type="checkbox"/> | <input type="checkbox"/> | Offenses involving domestic violence  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidnapping  |
| <input type="checkbox"/> | <input type="checkbox"/> | Manslaughter  |
| <input type="checkbox"/> | <input type="checkbox"/> | Endangerment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Arson   |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | Assaults on officers or fire fighters   |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault by vicious animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | Threatening or intimidating   |
| <input type="checkbox"/> | <input type="checkbox"/> | Drive by shooting   |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharging a firearm at a structure  |
| <input type="checkbox"/> | <input type="checkbox"/> | Misconduct involving weapons  |
| <input type="checkbox"/> | <input type="checkbox"/> | Misconduct involving explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | Depositing explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | Misconduct involving simulated explosive devices                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Concealed weapon violation  |
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated criminal damage  |
| <input type="checkbox"/> | <input type="checkbox"/> | Robbery   |
| <input type="checkbox"/> | <input type="checkbox"/> | Theft   |
| <input type="checkbox"/> | <input type="checkbox"/> | Theft by extortion  |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoplifting   |
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery   |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal possession of a forgery device   |
| <input type="checkbox"/> | <input type="checkbox"/> | Obtaining a signature by deception  |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal impersonation  |
| <input type="checkbox"/> | <input type="checkbox"/> | Theft of a credit card or obtaining a credit card by fraudulent means             |
| <input type="checkbox"/> | <input type="checkbox"/> | Receipt of anything of value obtained by fraudulent use of a credit card          |
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery of a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | Possession of any machinery, plate or other contrivance or incomplete credit card |
| <input type="checkbox"/> | <input type="checkbox"/> | False statements as to financial condition or identity to obtain a credit card    |
| <input type="checkbox"/> | <input type="checkbox"/> | Fraud by persons authorized to provide goods or services                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Credit card transaction theft   |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent exposure   |
| <input type="checkbox"/> | <input type="checkbox"/> | Public sexual indecency   |
| <input type="checkbox"/> | <input type="checkbox"/> | Negligent homicide  |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal damage   |

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Misappropriation of charter school monies as prescribed in section 13-1818
<input type="checkbox"/>	<input type="checkbox"/>	Taking identity of another person or entity
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated taking identity of another person or entity
<input type="checkbox"/>	<input type="checkbox"/>	Trafficking in the identity of another person or entity
<input type="checkbox"/>	<input type="checkbox"/>	Cruelty to animals
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513
<input type="checkbox"/>	<input type="checkbox"/>	Welfare fraud
<input type="checkbox"/>	<input type="checkbox"/>	Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	Unlawfully administrating intoxicating liquors, narcotic drugs or dangerous drugs
<input type="checkbox"/>	<input type="checkbox"/>	Adding poison or other harmful substance to food, drink or medicine
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture or distribution of an imitation controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture or distribution of an imitation prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture or distribution of an imitation over-the-counter drug
<input type="checkbox"/>	<input type="checkbox"/>	Possession or possession with intent to use an imitation controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Possession or possession with intent to use an imitation prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	Possession or possession with intent to use an imitation over-the-counter drug
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture of certain substances and drugs by certain means
<input type="checkbox"/>	<input type="checkbox"/>	A criminal offense involving criminal trespass and burglary under Title 13, Chapter 15
<input type="checkbox"/>	<input type="checkbox"/>	A criminal offense under Title 13, Chapter 23
<input type="checkbox"/>	<input type="checkbox"/>	Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	Felony offenses involving contributing to the delinquency of a minor

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local DES office manager; TTY/TDD Services: 711.

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**EEOC - VOLUNTARY INFORMATION FORM  
PERSONAL AND CONFIDENTIAL**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. At Home Solutions is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any other classification protected by Federal, State, or Local law.

**PLEASE PRINT:**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Position Applied For: \_\_\_\_\_

**I choose not to disclose this information**

Gender (Please circle one):    Male      Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ETHNIC GROUP:** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify):

- BLACK: Not of Hispanic origin.
- HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
- ASIAN: Origination of the Far East or Southeast Asia.
- AMERICAN INDIAN or ALASKAN NATIVE: Origination of North America, and those who maintain cultural identification through tribal affiliation or community recognition
- NATIVE HAWAIIAN OR PACIFIC ISL: Origination of the Hawaiian Islands or the Indian Subcontinent of the Pacific Islands.
- WHITE: Not of Hispanic origin
- TWO OR MORE RACES.

**Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.**  
**DISABLED/VETERAN CLASSIFICATION (S):**

- DISABLED PERSON:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.
- VIETNAM ERA VETERAN:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- SPECIAL DISABLED VETERAN (30% or more disability):** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.