



**Previous Employment Experience**

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**Previous Volunteer Experience**

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**What is your reason for volunteering?**

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**Do you need any special accommodations to perform volunteer work at Sweetser?** \_\_\_\_\_

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**How did you hear about us?** \_\_\_\_\_

**Availability to Volunteer** M T W Th F Sa Su Days \_\_\_\_\_ Eves \_\_\_\_\_ Other \_\_\_\_\_

I understand that willfully making false statements on this application will be sufficient cause for non-placement in volunteer service and/or grounds for immediate dismissal.

I authorize Sweetser to check any references listed on this application.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. This may include the Office of Inspector General, Maine Exclusion and System Award Management websites, State and Federal Bureaus of Indentification criminal background checks, Child Protective Search through the State of Maine Department of Human Services, driving record check through the Division of Motor Vehicles from any state and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the volunteer process, and all other persons, corporations or organizations for furnishing such information about me.

I certify that I have read, fully understand and accept all terms of the foregoing statement and information Release Consent.

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**Signature of Applicant (my typed name shall have the same force and effect as my written signature)**

**Date**

EDGE INFORMATION MANAGEMENT, INC.  
1682 W. Hibiscus Blvd  
Melbourne, Florida 32903  
Phone (800) 725-3343 Fax (800)780-3299

**Notice/Disclosure and Acknowledgment/Release**  
**[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]**

**NOTICE/DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Sweetser may obtain information about you from a consumer reporting agency for employment 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 be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of "consumer report" and/or an "investigative consumer report" obtained with regard to applicants for employment conducted by Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902, 1-800-725-3343 consist of, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records. The scope of this notice and authorization is all-encompassing, however, allowing Sweetser to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGEMENT/RELEASE/AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and that I have read and understand this document. I understand that I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as the right to request a copy of A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Incorporated, Post Office Box 3378, Melbourne, Florida 32902. Phone 1-800-725-3343. FAX 1-800-780-3299.** I hereby authorize the obtaining of "consumer reports" and/or investigative consumer reports: at any time after receipt of this authorization and, if I am hired, throughout my employment. 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 Edge Information Management, Incorporated, another outside organization acting on behalf of Sweetser, and/or Sweetser itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**I understand that the information requested below regarding date of birth, race and gender is optional, and for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

**READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at \_\_\_\_\_**  
**for clarification of any information provided. Phone Number**

\_\_\_\_\_  
**Signature (my typed name shall have the same force and effect  
as my written signature)**

\_\_\_\_\_  
**Date**

# SWEETSER

**NOTE:** I am providing the following voluntarily.

**PLEASE PRINT CLEARLY**

**NAME** \_\_\_\_\_  
First Middle (Full) Last Other Last Names (i.e. maiden name)

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH (for ID purposes only)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR

**GENDER** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_

## ETHNICITY

- Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.  
 Non-Hispanic

## RACE

- White A person having origins in any of the original peoples of Europe, North Africa or the Middle East.  
 Black or African American A person having origins in any of the black ethnic groups of Africa.  
 Native Hawaiian or Other Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 Asian A person having origins in any of the peoples of Hawaii, Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.  
 American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.  
 Two or More Races (not Hispanic)  
 Decline to Answer

## CURRENT ADDRESS

STREET CITY STATE ZIP

## PREVIOUS OUT OF STATE ADDRESS(ES)

STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

STREET CITY STATE ZIP

## Office Use Only

Prospective Employer: Sweetser – HR

Phone - (207) 294-4425

Cost Center #: \_\_\_\_\_ Requester's Name: \_\_\_\_\_

## 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 the 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 20006.

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 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 a victim of identity 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 twelve (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 thirty (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 (7) years old, or bankruptcies that are more than ten (10) years old.

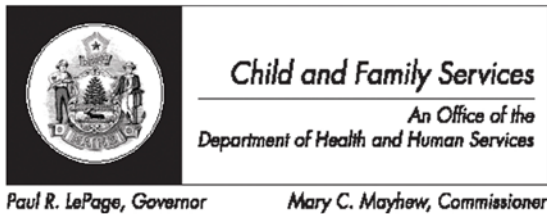
Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

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 1-888-567-8688.

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).



Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Fax: (207) 287-5282  
TTY Users: Dial 711 (Maine Relay)

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **929**

**Al Lamarre/Janice Dubois  
Sweetser  
50 Moody Street  
Saco, ME04072**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→**