

For office use:
Date Received _____
App./Refs comp. _____
Hired _____
Position _____
Salary _____

Return to:
The Fowler Center
2315 Harmon Lake Road
Mayville, MI 48744
(989) 673-2050
Fax: (989) 673-6355

THE FOWLER CENTER FOR OUTDOOR LEARNING

HEALTH OFFICER EMPLOYMENT APPLICATION

Applicants are considered for employment without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or disability.

Please type or print:

PERSONAL INFORMATION:

Name _____ SS# _____

Present address _____

City _____ State _____ Zip _____ Phone () _____

Cell Phone () _____ E-Mail Address _____

Nurse License/Registration #: _____ Expires _____

(Please send a copy of your Nurse License/ Registration documentation with this application)

Valid for practice in the State of Michigan _____ Yes _____ No

Willing to become valid to practice in the Sate of Michigan _____ Yes _____ No

EDUCATION:

College _____ Graduation or Expected Date _____

Major _____ Minor _____ Degree _____

Grad School _____ Graduation or Expected Date _____

Major _____ Minor _____ Degree _____

EMPLOYMENT:

1) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

2) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

3) Employer _____ Dates _____

Type of work/position held _____ Phone Number _____

REFERENCES:

Please list all three and do not include relatives. Employers, professors, etc. are great. Indicate if phone numbers are daytime or evening.

- 1. Name _____ Address _____
City _____ State _____ Zip _____ Phone() _____ How Known _____
- 2. Name _____ Address _____
City _____ State _____ Zip _____ Phone() _____ How Known _____
- 3. Name _____ Address _____
City _____ State _____ Zip _____ Phone() _____ How Known _____

PLEASE ANSWER 'YES' or 'NO' TO THE FOLLOWING QUESTIONS:

- Have you ever been convicted of a crime involving theft or a drug related crime? Yes / No
- Have you ever been convicted of a crime involving violence? Yes / No
- Have you ever been disciplined or discharged by an employer for sexual harassment? Yes / No
- Have you ever been convicted for abuse or any sex-related crime? Yes / No

Please note that employment at The Fowler Center is subject to and conditional upon:

- 1) Verification of previous employment, references and minimum age requirements
- 2) Review of previous convictions; guilty plea; plea bargain; no contest plea
- 3) Completion of I-9 and verification of eligibility to work in the USA

I certify that all statements and information given on this application is complete and correct. I understand that falsified information is grounds for immediate dismissal.

Signed: _____ Date: _____

NATIONAL BACKGROUND INVESTIGATIONS, INC.
P.O. Box 966, Stevensville, MD 21666
Telephone No: 410-604-6200 / Facsimile No: 410-604-2496
Fowler Center for Outdoor Learning
APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize **FOWLER CENTER FOR OUTDOOR LEARNING** or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name: _____ Alias/Other: _____
(First, Middle, Last - Print Clearly)

Date of Birth: _____ Social Sec.# _____

Driver's Lic. No.: _____ State _____

(1) Current Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

Applicant Signature _____ Witness _____ Date: _____

IMPORTANT: FOWLER CENTER, Inc. USE ONLY –

Mark an "X" for any of the following:

Would you like NBI to also check Alias/Other name given? : Yes _____ No _____
(Be advised there is an additional charge per alias name)

CRIMINAL HISTORY RECORD SEARCH:

(1) Current Address _____ (2) Previous Address _____ (3) Previous Address _____

Social Sec Number Trace _____ Federal Criminal _____ MVR-Driving Record _____

Sex Offender Registry: List States: _____

Maryland (Statewide) _____ MD Traffic Court _____ MD Wants/Warrants _____ Md Reg/Tag _____

Statewide Criminal Search: Alabama _____ Colorado _____ Delaware _____ Florida _____ Georgia _____ Kentucky _____

New Jersey _____ New York _____ North Carolina _____ Pennsylvania _____ South Carolina _____ Wisconsin _____

Verification (Specify Number of Items): Education _____ Prof. License _____ Employment _____

Federal Civil _____ Civil Judgment: Upper Court _____ Lower Court _____ Worker's Comp _____

Other: _____