



Thank you for your interest in employment with WiNGS. We are committed to recognizing and rewarding our employees, maintaining a work environment that is fun and exciting, and providing opportunities for personal and professional growth. We pride ourselves in establishing mutually beneficial relationships with our employees.

Please complete this application form thoroughly. You may attach an accompanying resume; however, attaching a resume does not substitute for completing this application form thoroughly. Failure to complete this application form thoroughly may result in your disqualification from consideration for employment.

STATEMENT OF PURPOSE

Our purpose is to provide women and their families a path to a better life.
It's not just our Purpose, it's our Promise

Thank you again for your interest in WiNGS.

WiNGS
Human Resources Department
2603 Inwood Road
Dallas, TX 75235
Fax 214.584.2320
Email - jobs@wingsdallas.org
www.wingsdallas.org



SOCIAL SECURITY NO.

APPLICATION DATE

POSITION APPLIED FOR

DATE AVAILABLE FOR WORK

REFERRAL SOURCE☐ Print Advertisement☐ Internet posting☐ College Posting☐ Job Fair☐ Walk -In☐ Employee Referral _____☐ Other _____

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

CITY

COUNTY

STATE

ZIP

HOW LONG AT THIS ADDRESS?

PREVIOUS ADDRESS IF LESS THAN ONE YEAR

HOME PHONE NO

() -

ALTERNATE PHONE NO

() -

E-MAIL ADDRESS

SALARY REQUESTED (this field is mandatory)

REASON FOR SEEKING EMPLOYMENT WITH WINGS

Are you under 18 years of age? ☐ Yes ☐ NoIf yes, can you provide required proof of your eligibility to work? ☐ Yes ☐ NoAre you legally eligible for employment in this country? ☐ Yes ☐ No*Proof of U.S. citizenship or immigration status will be required upon employment.*Have you filed an application with us before? If yes, give date _____ ☐ Yes ☐ NoHave you ever been employed with us before? If yes, give dates _____ to _____ ☐ Yes ☐ NoAre you related to any current or prior employees? ☐ Yes ☐ No

If yes, who? _____

Are you currently working? ☐ Yes ☐ NoIf yes, may we contact your present employer? ☐ Yes ☐ NoType of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Other _____Are you able to meet the attendance requirements of the position? ☐ Yes ☐ NoIn the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for a felony? ☐ Yes ☐ NoIn the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for a misdemeanor? ☐ Yes ☐ NoIn the last 10 years, have you been convicted of, pled guilty to, or received deferred adjudication for any crime involving dishonesty, theft or breach of trust? ☐ Yes ☐ NoIn the last 10 years, have you been convicted of, plead guilty to, or received deferred adjudication for any other crimes or offenses? If so, please explain below ☐ Yes ☐ No(Voluntary/Optional) Have you ever had any criminal conviction or criminal record expunged? ☐ Yes ☐ NoHave you had a moving traffic violation, such as speeding, failure to wear a seatbelt, etc. or your driver's license suspended/revoked within the past 5 years? ☐ Yes ☐ No*Conviction will not necessarily disqualify an applicant from employment.*

If you answered yes to any of the last 6 questions above, please explain.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE – All fields are required for each employer.

Start with your current or last employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|---------------------------|---------------|--|---|
| Full Name of Employer | | Dates Employed (Mo/Year) From To | Worked Performed |
| Main Office Address | | Work Location (City/State) | |
| City / State / Zip Code | | Type of Business | Work Phone No () - |
| Starting Position | Last Position | Starting Base Salary \$ / | Last Base Salary \$ / |
| Supervisor Name and Title | | Reason For Leaving | |

| | | | |
|---------------------------------------|---------------|--|---|
| Full Name of Current or Last Employer | | Dates Employed (Mo/Year) From To | Worked Performed |
| Main Office Address | | Work Location (City/State) | |
| City / State / Zip Code | | Type of Business | Work Phone No () - |
| Starting Position | Last Position | Starting Base Salary \$ / | Last Base Salary \$ / |
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| Main Office Address | | Work Location (City/State) | |
| City / State / Zip Code | | Type of Business | Work Phone No () - |
| Starting Position | Last Position | Starting Base Salary \$ / | Last Base Salary \$ / |
| Supervisor Name and Title | | Reason For Leaving | |

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|---------------------------------------|---------------|--|---|
| Full Name of Current or Last Employer | | Dates Employed (Mo/Year) From To | Worked Performed |
| Main Office Address | | Work Location (City/State) | |
| City / State / Zip Code | | Type of Business | Work Phone No () - |
| Starting Position | Last Position | Starting Base Salary \$ / | Last Base Salary \$ / |
| Supervisor Name and Title | | Reason For Leaving | |

Comments (including explanation of any gaps in employment)

EDUCATION

| | School Name and Location | Dates attended From - To | Did You Graduate? | Type of Degree or Diploma |
|------------------------------|--------------------------|-----------------------------|----------------------|------------------------------|
| High School | | | | |
| Business/Trade/ Technical | | | | |
| College(s) | | | | |
| College(s) | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

CERTIFICATIONS

Please indicate below any certifications you currently hold, including the year received and the year the certification expires.

| Certification | License/ Certificate # | Date Earned | Expiration Date |
|---------------|---------------------------|-------------|-----------------|
| | | | |
| | | | |
| | | | |

Skills and Qualifications - Summarize special job related skills, training, licenses and qualifications acquired from employment or other experience.

Professional, Trade, Business or Civic Associations - Exclude information which would reveal gender, race, religion, national origin, age, ancestry, color, disability or other protected status.

Special Accomplishments, Publications, and Awards - Exclude information, which would reveal gender, race, religion, national origin, age, ancestry, color, disability or other protected status.

LANGUAGE SKILLS

Please indicate below any languages that you can speak, read and/or write.

| Language | Speak | Read | Write | Last Used |
|----------|-------|------|-------|-----------|
| | | | | |
| | | | | |
| | | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

REFERENCES: List name and telephone number of at least three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | # of Years Known | Occupation | Phone No |
|------|------------------|------------|---------------|
| | | | () - |
| | | | () - |
| | | | () - |
| | | | () - |

APPLICANT’S STATEMENT AND ACKNOWLEDGEMENT. Please read carefully.

I certify that answers given herein are true and complete to the best of my knowledge.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. If so, it will be necessary to complete a new application.

I understand that any false or misleading information, material misrepresentation or omission of fact given in my application or interview(s) may result in cancellation of this application or separation from employment if I have been employed. I further understand that I am required to abide by all rules and regulations of the employer.

It is my understanding that the work to which I may be assigned that is being done or to be done by WiNGS and its association, is largely of a confidential nature. In the event that WiNGS employs me, I agree as a condition precedent to such employment to maintain the confidentiality of any information obtained or which I become aware of prior to, during the course of or following my employment.

I hereby understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with WiNGS is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause and without prior notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of WiNGS.

WiNGS is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

By signing below, I am acknowledging that I have read, understand and agree with the above statements.

Signature of Applicant

Date



Background Verification Release Form

AGENCY INFORMATION

| | | | |
|--|-------------------------------------|--|--|
| Date | Agency Name WINGS | | |
| Contact Name Human Resources | | | |
| Agency's Main Phone Number 214-584-2309 | Agency's Fax Number 214-584-2313 | | |

APPLICANT INFORMATION:

| | | | |
|---|---|-------------------------|------------------------------|
| Applicant Full Name (Last, First, MI) | | | Maiden or Other Name(s) Used |
| Current Address | | | |
| City | State | Zip Code | County |
| Social Security Number | Date of Birth | Driver's License Number | State Issued |
| Position Applied for | Contact Phone Number | Email Address | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | | |

WINGS (the "Organization") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment/volunteer application and for employment/volunteer purposes, including promotion, reassignment, or retention as an employee or volunteer. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are selected by the organization, throughout your volunteering or employment VERIFIY, 2800 Live Oak Street, Dallas TX 75204, 214-818-9839, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the organization. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, organization, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment/volunteering at the organization. I release all persons or entities from liability from any alleged damage that may result from furnishing accurate information in good faith to the organization.

I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT LEGIBLY:

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

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 or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 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 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 will be 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 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 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.
- **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 1-888-5-OPTOUT (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.

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: | CONTACT: |
|--|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates: b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau: | a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| 2. To the extent not include 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 25 A of the Federal Reserve Act: c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations: d. Federal Credit Unions: | 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 |
| 3. Air carriers: | Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board: | Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act: | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies: | Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8 th Floor, Washington, DC 20416 |
| 7. Brokers and Dealers: | Securities and Exchange Commission 100 F Street NE, Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations: | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All other Creditors Not Listed Above: | FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 (877) 382-4357 |