



Section A

CONSUMER:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State _____ Zip _____

DOB _____ Gender _____ Highest Education Completed _____

____ (Initial) I, the consumer agree to be referred to On Point Ministries, Inc./OPM Connect for services. I understand that services listed to be provided are given by On Point Ministries, Inc. /OPM Connect its associates, staff or the listed agency (ies) does not guaranty employment results. I understand that it is my total responsibility to investigate and be fully aware of the listed agency's credibility and ability for service provision. If at anytime I am asked to release personal information (i.e. Driver's License Number, Social Security Number) or any other private/personal information including health conditions, that information will be released as **MY** choice without holding On Point Ministries, Inc./OPM Connect, its associates and/or its staff responsible for mis-use of that information by other agencies, staff or persons.

Signature: _____ Date: _____

Section B

AGENCY:

Counselor: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Email: _____

Other Contact Person: _____ Phone #(s): _____

Section C

SERVICE(s) REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> VAT Training | <input type="checkbox"/> <input type="checkbox"/> Supportive Employment |
| <input type="checkbox"/> <input type="checkbox"/> Job Placement | <input type="checkbox"/> <input type="checkbox"/> Case Management |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | |

Section D

Representative Signature (referring agency) Date of Referring

OPM Confirmed Signature (receiving agency) Date of Confirmation

Agency Comments / Notes:



ACKNOWLEDGEMENT OF SERVICES AND RECEIPT OF DOCUMENTATION

I _____, the client understand that services or the quality of the services listed to be provided are not guaranteed by (OPM) OPM Connect, Inc. it's associates, staff or the listed agency(ies). I understand that it is my total responsibility to investigate and be fully aware of the services and listed agency's credibility and ability for service provision. If at anytime I am asked to release personal information (i.e. Driver's License Number, Social Security Number) or any other private/personal information including health conditions, that information will be released as **MY** choice without holding (OPM) OPM Connect, Inc., it's associates and/or it's staff responsible for mis-use of that information by other agencies, staff or persons.

I _____, the client, acknowledge that I have read, received a copy and understand the following:

INITIAL	ITEM
	Procedure for ensuring that appropriate modes of communication
	Grievance Procedure
	Client Assistant Program
	I acknowledge and permit the release of my personal information (including but not limited to health records, assessments, etc.) from my referring agency to OPM Connect, Inc, it's successors and or assigned)
	All records and information received is secured are maintained as confidential. A copy of your records can be received within 10 business days upon receipt of written request.
	Policies and Procedures regarding the recognition and appropriate reporting of allegations or incidents of abuse, exploitation or neglect to the appropriate investigating entity.
	Procedures that OPM Connect, Inc. will cooperate with referring agency all investigations regarding consumer. (if applicable)
	If observed or if there is evidence of use of alcohol or drug use, the observation would be reported immediately to the referring agency (counselor) (if applicable)
	If observed or if there is evidence of use of alcohol or drug use, immediate termination of the agreement between OPM Connect, Inc. and the consumer can be in effect.
	Any changes to the consumer status, location and/or information would be reported to the consumer's referring agency. (if applicable)
	Admissions Policy Process Qualifications Privacy Disclaimer Privacy Notice
	Practice Policies Consent to Services

If at any time you do not wish to use our services or our service providers, please submit in writing that you are declining the services.

Signature: _____

Date: _____



Dear Client/Consumer

We are so pleased that you have decided to apply to the Career Training/Career Services Program. This program joins organizations, community programs employers together for the purpose of helping YOU to grow and achieve success in the areas of life skills and employment.

In order to meet your needs and to achieve your goals for the long term, we ask that you first read the Privacy Disclaimer. Initial and sign acknowledging that you have read the disclaimer and understand all its terms and agree to the terms. Next read the Qualifications and Admissions Process. Make sure that you understand and agree with all qualifications and admissions processes before proceeding to participate in the program. After reading the Qualification an Admissions Process form, please initial and sign acknowledging that you have read the qualifications and agree to the terms. Third read the Privacy Notice and sign. Fourth read the Practice Policies, Consent to Services, Transitional/Assistance Application, Employment Application and Resume Preparation Worksheet thoroughly before filling it out. The application asks question about your past, personal history and goals. After reading, please fill it out completely and mail it back to our address. Your personal information will only be available with OPM Connect Staff and Associates only as well as your referring agency (ies).

A reference letter must be completed and signed by your referring agency (if applicable). Next, please provide ONLY COPIES of all diplomas, degree(s) certificates showing your educational and vocational training. If you are unable to provide copies of your certificates, please list your accomplishments giving the name of the class, the facilitators & sponsors name and phone# (if possible) along with the date of completion.

Your honesty and integrity will be heavily weighted upon your acceptance into the program. All information submitted will be verified. Please try your best to identify and write all information requested on the application correctly.

We, in return, upon receiving all requested documents will respond to your needs as efficiently as possible. We will also assist in identifying your options, challenge you to discover your own strengths and encourage you to make positive and productive choices.

Please consider carefully your commitment before agreeing to enroll into our program. YOU MAY BE REQUIRED TO PARTICIPATE IN AT LEAST ONE TRAINING COURSE, WHICH IS BETWEEN 25-30 HOURS. If you feel that our program can assist you as you prepare to take on the challenge of making new decisions for your life, then please complete and return the application along with the privacy disclaimer form, the qualification and admissions process form, privacy notice, practice policies an consent to services form and all required documents with in the next 2 business days so we can begin to process your file. Thank you for considering our program.

Warmest Regards,

OPM Connect, Inc.

YOU KEEP THIS COPY



Dear Client/Consumer

We are so pleased that you have decided to apply to the Career Training/Career Services Program. This program joins organizations, community programs employers together for the purpose of helping YOU to grow and achieve success in the areas of life skills and employment.

In order to meet your needs and to achieve your goals for the long term, we ask that you first read the Privacy Disclaimer. Initial and sign acknowledging that you have read the disclaimer and understand all its terms and agree to the terms. Next read the Qualifications and Admissions Process. Make sure that you understand and agree with all qualifications and admissions processes before proceeding to participate in the program. After reading the Qualification an Admissions Process form, please initial and sign acknowledging that you have read the qualifications and agree to the terms. Third read the Privacy Notice and sign. Fourth read the Practice Policies, Consent to Services, Transitional/Assistance Application, Employment Application and Resume Preparation Worksheet thoroughly before filling it out. The application asks question about your past, personal history and goals. After reading, please fill it out completely and mail it back to our address. Your personal information will only be available with OPM Connect Staff and Associates only as well as your referring agency (ies).

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Warmest Regards,

OPM Connect, Inc.

Client Name (print)



QUALIFICATIONS / ADMISSIONS PROCESS

IN ORDER TO BE CONSIDERED FOR EMPLOYEE DEVELOPMENT AND JOB PLACEMENT SERVICES, YOU MUST MEET THE FOLLOWING QUALIFICATIONS:

- (1) You must be a legal citizen of the United States of America.
- (2) You must complete in I-9 Form
- (3) We must have a complete application with practice policies, consent of services, employment application and other required documents prior to provision of services initialed and signed by you.
- (4) We must have a referral form/letter from referring agency (if applicable) with contact information.
- (5) We must have initialed and signed Client Qualification form, Privacy Disclaimer form and Privacy Notice form.

____ **[initial]** Consideration does not guaranty acceptance into the Program.

____ **[initial]** If accepted, you may be required to attend a life skills and/or vocational adjustment training program.

____ **[initial]** Any violations, criminal activity or substance abuse automatically disqualifies you from the services of OPM Connect, Inc. Services/Program.

YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND AND AGREE TO ALL TERMS AND INFORMATION ON THIS FORM.

Signature

Date

Client Name (print)



PRIVACY DISCLAIMER

NOT PROVIDING LEGAL, ACCOUNTING OR OTHER PROFESSIONAL ADVICE

____ **[initial]** The purpose of the OPM Connect, Inc. Services/Program is not intended to provide legal, accounting or other professional advice and should not be relied upon as such. Before using or acting upon the OPM Connect, Inc. Services/Program, you are advised to seek the advice of your attorney, accountant or other appropriate professionals to determine: (1) if the OPM Connect, Inc. Services/Program applies to your particular circumstances, and (2) the sufficiency of the OPM Connect, Inc. Services/Program is for your unique situation or other needs. OPM Connect, Inc., its officers, employees and agents are not authorized to practice law on your behalf or to provide you with legal advice

DISCLAIMER OF WARRANTIES

____ **[initial]** The provision of the OPM Connect, Inc. Services/Program is provided as is and OPM Connect, Inc. makes no warranty, express, implied, by description, by sample or otherwise and in particular and without limitation, makes no implied warranties of your success or progress for a particular purpose.

____ **[initial]** OPM Connect, Inc. does not warrant that the OPM Connect, Inc. Services/Program is error free, mistakes will be corrected and all information shared on the application will be disclosed only to the staff, agents, employees and officers of OPM Connect, Inc.

____ **[initial]** The disclaimer of warranties applies to the fullest extent permitted by law. Applicable law may not allow the exclusion of implied or other warranties, so the above disclaimer of warranties, or parts of it, will not apply to you to the extent that they are prohibited by law.

GOVERNING LAW

____ **[initial]** These terms and conditions will be governed and construed under the laws of the State of Texas, U.S.A., without regard to its choice of law provisions. You also agree that any action at law or equity arising out of or relating to OPM Connect, Inc. its programs and applications, including these terms and conditions, will be filed only in the state or federal courts located in the State of Texas. You consent and submit to the personal jurisdiction of such courts for the purpose of litigating any such action.

____ **[initial]** In the event that any term or provision of these terms and conditions are held to be invalid, void or unenforceable, then the remainder of these terms and conditions will not be affected, impaired or invalidated and each remaining term or provision will be valid and enforceable to the fullest extent permitted by law.

ENTIRE AGREEMENT

____ **[initial]** These terms and conditions is an agreement between OPM Connect, Inc. and you with respect to the participating in the OPM Connect, Inc. Services/Program. These terms and conditions supersede any and all prior and contemporaneous representations, proposals, discussions, and communications between OPM Connect, Inc. and you, whether oral or in writing. These terms and conditions may be modified only in writing and shall be enforceable in accordance with its terms when signed by you and OPM Connect, Inc.

____ **[initial]** No modifications of this Disclaimer of Warranties are authorized unless they are in writing and signed by President/CEO or Chairman of the Board of Directors of OPM Connect, Inc.

Client Signature

Date

Client Name (print)



PRIVACY NOTICE

APPLICABLE TO:

OPM Connect, Inc., it's successors and/or assigns

INFORMATION WE COLLECT:

We may obtain information to provide you with products and services you have requested depending on the type of product or service you seek. The information we collect about you comes from the following sources:

- Information you provide us on your application or other forms, by telephone, and by interview. This includes, but is not limited to your name, address, age, telephone number and social security number.
- Information we may receive about you from other sources, such as your referring agency for the purpose of verifying information on your application.

INFORMATION WE MAY DISCLOSE AND TO WHOM WE MAY DISCLOSE INFORMATION

We do not disclose any nonpublic personal information about you or our former clients to anyone except as permitted by law.

OUR SECURITY PROCEDURES

We restrict access to nonpublic personal information about you to board members, advisory members, advisory council, staff members and other parties who need to know that information to provide products or services to you or as expressly permitted by you in written form. We also maintain physical and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

OPM Connect, Inc., files, which includes Consumer records are maintained in the main office location, stored and under lock and key in a cabinet designated by the executive staff of OPM Connect, Inc. for the minimum of three years up to a maximum of ten years after the file is officially closed. Consumer Case records are in a file stamped or marked CONFIDENTIAL. Request of a copy of your records referred by your agency must be submitted to your referring agency. Request of a copy of your records by our agency, must be requested in writing notarized and mailed to OPM Connect, Inc, PO Box 382784, Duncanville, Texas 75138.

Your signature indicates that you have read and understand all information in this privacy notice.

Client Signature

Date



PRACTICE POLICIES AND CONSENT TO SERVICES

Below are the listed rights, practices and responsibilities, OPM Connect Inc., and their professional affiliates:

1. **You have the right to privacy:** which will be protected by the law regardless of ethnicity, gender, religion, and socioeconomic status. All communications and/or records pertaining to you will remain in confidence, with exception to a mandated court order, suspected child abuse, and/or a significant threat of harm to yourself and/or others.
“Significant harm” includes, but is not limited to: (1) a specific and identified plan to use deadly force and/or a deadly weapon on yourself and/or others; (2) to knowingly misuse and/or overdose yourself and/or someone else with a commercially used drug and/or prescription and/or an illicit substance and; (3) to knowingly subject yourself and/or others to an infectious and/or a communicable disease, such as, HIV infection. With the exception to child abuse, OPM Connect, Inc. and their affiliates are only obligated to notify the authorities about an identifiable victim OPM Connect, Inc. and their affiliates are also required to report any and all forms of suspected child abuse to Child Protective Services without parental or adult consent. If you are a minor (under 19), your parents or legal guardians have access to your records. OPM Connect, Inc. may also choose to audiotape or video tape services for record and/or documentation purposes only.
2. **You have the right to be provided with information:** concerning credentials, diagnosis, treatment, and prognosis in a manner that you understand. You have the right to be involved in the development of the support assistance and/or mentor program and evaluations. Please note that OPM Connect, Inc. and their affiliates CANNOT AND WILL NOT GUARANTEE SUCCESS AND/OR RECOVERY WITH THE SERVICES PROVIDED OR REFERRED.
3. **You have the right to refuse assistance, support, mentorship and /or terminate any and all services** with an informed consent of the consequences of such actions. OPM Connect, Inc. and their affiliates may also terminate services due to the following: (1) the completion of services (2) unattained goals or poor progress; (3) excessive tardiness and/or missed appointments; (4) **non-communication for 30 days or more** and (5) excessive unpaid fees or expenditures (if applicable). OPM Connect, Inc. and their affiliates may refuse to initiate or continue services due to any ending and/or existing legal issues OPM Connect, Inc. and their affiliates *may or may not* release any client information without consent and a signed release by you or the client’s legal guardian.
4. **Services provided by OPM Connect, Inc.** and their affiliates will generally last for one-hour, but may vary in time. If applicable, payment for services must be arranged and paid prior to each service with OPM Connect, Inc. and their affiliates. If applicable, you may be billed up to the full amount of service for missed appointments that are not re-scheduled within 24 hours of the scheduled time. You may be asked to sign a release agreement if OPM Connect, Inc. requires disclosure of records to facilities, physicians, third party payers, or other similar partners.

POLICIES AND PROCEDURES FOR CLAIMS AND COMPLAINTS

OPM Connect, Inc, acknowledges that consumers and clients have a right to raise concerns and have them addressed by the appropriate management. Complaints will be handled objectively and with sensitivity, and not in a reactive and subjective manner.

The desired outcome in cases of complaints against employees, co-workers, contractors and sub-contractors is:

- (a) the determination about whether there has been any unsatisfactory/inappropriate practice or action, as early as possible and in the fairest and most objective manner possible;
- (b) the implementation of any necessary changes designed to bring about better educational, training and/or administrative outcomes, as appropriate;
- (c) the achievement of reconciliation between the parties;
- (d) the establishment of renewed confidence in the relationship of the co-workers, sub-contractors or contractors.

Principles

- (1) All complaints must be submitted via email to opmconnect@yahoo.com or in a typed letter mailed to P.O. Box 382784, Duncanville, Texas 75138 no later than 48 hours of alleged mis-appropriate conduct.
- (2) The person who made the complaint will be requested by the office of the Executive Director to discuss the concerns and complaints against their employee, co-worker, contractor or subcontractor.
- (3) All parties involved are entitled to know the details of the complaint against them, including the name of the person raising the complaint, the specific details of the complaint, and be given the opportunity to respond prior to any action being taken in response to the complaint.
- (4) After evaluating the complaint and the response, the Executive Director will take appropriate and fair actions to bring resolution.
- (5) If the complaint relates to allegation of serious misconduct of sexual, physical or emotional abuse, the Executive Director will take further and deeper actions to bring resolution to the problem. (SEXUAL HARASSMENT OF ANY KIND IS PUNISHABLE BY LAW.)

Record Keeping

- (1) All complaints and outcomes will be kept in a complaint folder. A copy of the complaint and outcome will be placed in the folder of all parties connected to the complaint.
- (2) The files will be kept by the Company Management.

Grievances

If any party believes that the process of handling the complaint and/or the outcome of the complaint have been unfair and/or inappropriate, they have the right to pursue a grievance. All parties involved will be granted a copy of all file notes.

Role of OPM Connect, Inc.

- (1) Will provide advice, support and direct representation, if requested.
- (2) If necessary we will seek outside advice, support and representation to ensure that the principles and practices outlined in this policy are carried out in the handling of the complaint

POLICIES AND PROCEDURES REGARDING ABUSE, EXPLOITATION AND/OR NEGLECT.

OPM Connect, Inc, acknowledges that consumers and clients have a right to raise concerns and have them addressed by the appropriate management. Complaints will be handled objectively and with sensitivity, and not in a reactive and subjective manner.

The desired outcome in cases of complaints against employees, co-workers, contractors and sub-contractors is:

- (a) the determination about whether there has been any unsatisfactory/inappropriate practice or action, as early as possible and in the fairest and most objective manner possible;
- (b) the implementation of any necessary changes designed to bring about better educational, training or administrative outcomes, as appropriate;
- (c) the achievement of reconciliation between the parties;
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Principles

- (1) All complaints must be submitted via email to contactus@opmconnect.com or in a typed letter mailed to P.O. Box 382784, Duncanville, Texas 75138 no later than 48 hours of alleged mis-appropriate conduct.
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CONSENT TO SERVICES

The signature below indicates that the client or the client’s legal guardian agrees to the services and the policies above OPM Connect, Inc. and their affiliates also agree to abide by these police and the standards set forth by OPM Connect, Inc.

Client or Client’s Legal Guardian

Date

OPM Connect, Inc. Professional

Date

I, the client understand that services or the quality of the services listed to be provided are not guaranteed by (OPM) OPM Connect, Inc. it’s associates, staff or the listed agency(ies). I understand that it is my total responsibility to investigate and be fully aware of the services and listed agency’s credibility and ability for service provision. If at anytime I am asked to release personal information (i.e. Driver’s License Number, Social Security Number) or any other private/personal information including health conditions, that information will be released as **MY** choice without holding (OPM) OPM Connect, Inc., it’s associates and/or it’s staff responsible for mis-use of that information by other agencies, staff or persons.

If at any time you do not wish to use our services or our service providers, please submit in writing that you are declining the services.

Sign:

Date:

SERVICES PROVIDED: _____



Transitional & Assistance Application

PERSONAL DATA

Today's Date

Applicants Name

DOB

Home Phone #

Cell #

Email Address

Home Address

City

State/Zip Code

Previous Address

How Long?

Marital Status: Single Married Divorced Separated

Spouse's Name (if applicable)

Spouse's Address

Number of Children (if applicable) _____

Names of Children

Age

Gender

Male Female

Male Female

Male Female

Are you a United States Citizen? _____ **Are you are Hurricane Katrina or Rita Victim?** _____
 Hurricane Katrina Hurricane Rita

Do you receive the following: Social Security Veteran's Check Disability Check

How Did You Hear About Us? _____

SUBSTANCE ABUSE DATA

Alcohol Use? Yes No

Length of Use? _____

Drug Use? Yes No

Length of Use? _____

Drug(s) of Choice? _____

Did the abuse of substance ever affect your employment or finances? Yes No

If yes, how? _____

MEDICAL & PSYCHOLOGICAL DATA

List any medical/health problems you may have: _____

Do you have any disabilities? Yes No. If yes, please explain: _____

Have you ever experienced severe depression and/or anxiety attacks? Yes No
 Have you ever been diagnosed/treated for bi-polar or other mental illness? Yes No
 If yes or hospitalized or prescribed medication, please explain: _____

Are you currently on medication? Yes No. If yes, what type(s)? _____

Have you ever been abused as a child or adult? Yes No. If yes, have you ever received any form or counseling? Yes No. Do you need further counseling or mentoring? Yes No

LEGAL DATA

List **ALL** Felony Convictions and Probation/Parole Violations starting with the most current conviction/violation (**your honesty is very important/ use extra paper if necessary**):

Date	Charge	Sentence	Time Served	Unit & Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any outstanding legal issues, fees, child support or other legal obligations pending? Yes No. If yes, please describe: _____

	<i>Place an "X" for each need</i>	Date Referred	Date Accepted
	GED/Literacy		
	VAT Training		
	Job Placement		
	State Identification (Birth Certificate Required)		
	Substance Abuse Class		
	Counseling (marriage, anger management, parenting)		
	Other (specify)		

APPLICATION FOR EMPLOYMENT

Please print or type.

NAME:(In Full) _____

Last

First

Middle

ADDRESS: _____

Number

Street

City

State

Zip Code

Home Phone: _____

Cell / Other Phone: _____

For What Position Are You Applying? _____

MEDICAL INFORMATION: (Discrimination on the basis of a disability which does not create occupational hazards or prevent substantial job performance is prohibited.)

Are you presently able to perform the essential job-related functions of the position for which you are applying? Yes _____ No _____. If no, would any accommodation permit you to perform the function? _____.

EDUCATION:

Name of School

City & State

Major Subjects

Years Completed

High School _____

Business School _____

College/University _____

Additional Schooling _____

SPECIAL SKILLS:

Office Machines: _____

Typing WPM: _____

Computer Skills: _____

Other Skills: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____

TYPE _____

EMPLOYMENT HISTORY, INCLUDING MILITARY SERVICE

Start with your PRESENT (or LAST) position, then the next to the last, etc., so that NO time is left free. Indicate if other than full-time work.

From MO. YR	To MO. YR	Name of Company	Job Title	Salary	Reason for Leaving

May we contact your present employer? Yes _____ No _____

If you have been unemployed at any time since leaving school, please state what you were doing during that time period. _____

PERSONAL REFERENCES (Not Relatives or Employers) who have known you the past two years.)

Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Phone _____	Phone _____

BUSINESS REFERENCES (We will not contact your present employer without prior approval)

Name _____	Name _____
Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Phone _____	Phone _____

Have you ever been convicted of a felony or a crime involving a fraudulent or dishonest act? Yes__ No __
If yes, explain. _____

Conviction of a crime is not an automatic bar of employment. All circumstances will be considered. Employment may be conditional upon meeting the eligibility for the Employer.



CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)

Date: Driver's Lic # State Issued

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County State and Zip Code

Date of Birth Social Security Number Circle One: Male / Female

This authorization and consent for release of personal information acknowledges that

OPM Connect, Inc. / On Point Ministries, Inc. (Hereafter referred to as "Company") and/or its agent, Secure Search, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with Secure Search 558 Castle Pines Pkwy., Unit B-4, #137 Castle Rock, CO 80108 at telephone number (866) 891-1954. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes No
If so, do you want a copy of any Consumer Report prepared concerning you? Yes No

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

RESUME PREPARATION WORKSHEET

Skills and Action Statements

NAME: _____ **PHONE #:** _____

EMAIL ADDRESS: _____

Target Job (Career Objective):

Skills relevant to Target Job:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Education:

High School/Equivalent: _____

City/State: _____ Year of Completion: _____

College/University: _____

City/State: _____ Year of Completion: _____

Major: _____ GPA/Honors: _____

Technical/Trade School: _____

City/State: _____ Year of Completion: _____

Major: _____ GPA/Honors: _____

Employment History:

Employer: _____ Date From/To: _____

Address: _____ City/State: _____

Job Position: _____

Salary (Beginning/Ending): _____

Job Responsibilities: _____

Reason for Leaving: _____

Supervisor Name: _____

Contact Number: _____

Employer: _____ Date From/To: _____

Address: _____ City/State: _____

Job Position: _____

Salary (Beginning/Ending): _____

Job Responsibilities: _____

Reason for Leaving: _____

Supervisor Name: _____

Contact Number: _____

Employment History:

Employer: _____ Date From/To: _____

Address: _____ City/State: _____

Job Position: _____

Salary (Beginning/Ending): _____

Job Responsibilities: _____

Reason for Leaving: _____

Supervisor Name: _____

Contact Number: _____

Employer: _____ Date From/To: _____

Address: _____ City/State: _____

Job Position: _____

Salary (Beginning/Ending): _____

Job Responsibilities: _____

Reason for Leaving: _____

Supervisor Name: _____

Contact Number: _____

References:

Name: _____ Phone #: _____

Their Employer: _____ Their Position: _____

Name: _____ Phone #: _____

Their Employer: _____ Their Position: _____

Name: _____ Phone #: _____

Their Employer: _____ Their Position: _____

Name: _____ Phone #: _____

Their Employer: _____ Their Position: _____

PLEASE MAKE SURE YOU ATTACH YOUR RESUME IF YOU HAVE ONE