



Ambassador Application

Date: _____

End Date: _____

Pay: \$16.00 per hour

Full Legal Name: _____

Address _____ City _____ State _____ Zip _____

Phone number: _____

Email Address: _____

Date of Birth ____/____/____ Social Security #: _____ - _____ - _____

DL #: _____

Previous Employment:

Employer: _____ Address: _____

Phone: _____ Manager Name: _____

Date of Employment: _____

What were your responsibilities? _____

Why did you leave? _____

Employer: _____ Address: _____

Phone: _____ Manager Name: _____

Date of Employment: _____

What were your responsibilities? _____

Why did you leave? _____

BLOC is an equal opportunity employer and it is our policy to recruit qualified applicants without regard to race, color, age, religion, sex, sexual orientation, gender identity or expression, marital or parental status, creed, national origin, citizenship status, disability, ancestry, military service, veteran status or any other protected category under local, state, or federal law



Days and hours you're not available?: _____

Are you related to anyone employed at BLOC? No or Yes

If yes, Please list their name. _____

References: Please provide at least three professional and/or personal references that can speak to your work ethic, attitude, and experience:

1) Name: _____ Phone: _____
Email: _____ Relationship: _____

2) Name: _____ Phone: _____
Email: _____ Relationship: _____

3) Name: _____ Phone: _____
Email: _____ Relationship: _____

Do you have access to a reliable vehicle? _____ Are you willing to be driver? _____

**Please return this application in person to BLOC's Office at
3500 N 26th Street Milwaukee, WI 53206**

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DISCLOSURE OF BACKGROUND CHECK TO BE CONDUCTED ON YOU

In connection with your application and/or employment with Black Leaders Organizing for Communities (BLOC) this notice is provided to inform you that a “consumer report,” as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. The report(s) may contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, verification of your education or employment history and other background checks.

ACKNOWLEDGMENT AND AUTHORIZATION OF BACKGROUND CHECK

By signing below, you authorize Black Leaders Organizing for Communities (“Employer”) to obtain “consumer reports” about you – including a criminal background check—during the course of the application process and during the course of employment, to the extent permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting Crimcheck.com, Inc. 17295 Foltz Industrial Parkway, Suite B, Strongsville, OH 44149 [1-877- 992-4325].

A criminal conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking or currently have. Among the factors that will be considered are the nature and gravity of the offense, the time that has passed since the offense and completion of the sentence, the nature of the job held or sought, and job history, character references, or any evidence of rehabilitation.

If the decision not to employ you is based in whole or in part on criminal background information, you will be notified in writing and provided 10 days to give an explanation of your record, proof that it is wrong, or proof of rehabilitation. Employer retains the right to reject an applicant or terminate an employee based on his/her criminal history if, under the circumstances, Employer determines he or she poses an unacceptable risk to the organization, its employees, or the public at large.

Employer is an equal opportunity employer, and all employment decisions are made on a nondiscriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable federal, state or local law.

Signature: _____ Date: _____

Name: _____

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