

**100**  
**BLACK MEN**  
**OF SOUTH METRO, INC.**  
What They See Is What They'll Be ®

**EMERGING 100 MEMBERSHIP APPLICATION**

**Dear Applicant:**

Thank you for your interest in joining the South Metro chapter of the Emerging 100. Please complete the following information:

PLEASE PRINT OR TYPE

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Marital Status: ( ) Married ( ) Single Spouse's Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years of employment: \_\_\_\_\_

Describe your Professional Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Education/Institution/Degree(s): \_\_\_\_\_

\_\_\_\_\_

Number of year(s) completed: \_\_\_\_\_

**Organizations, Affiliations (Civic or Professional):**

Name	Position(s)	Years	Currently Active? Y/N
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**What specific contributions can you personally make to the Emerging 100 of South Metro, Inc.?**

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**Why do you wish to join this organization?**

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Are you willing to devote your time, resources and expertise to this organization in order to fulfill our goals?  
**Yes or No**

Each candidate for membership must submit to having a background check. As an organization that deals primarily with youth we must insure the safety of our participants.

eVerifile is the leader of risk assessment and workforce intelligence solutions. They will provide our organizations with technologically advanced risk assessment of candidates; by researching the background of potential members. This process helps us achieve a higher level of efficiency by leveraging technology in new applicant screening.

Once your application has been submitted and you have paid your \$50.00 application fee you will be required to come into our office and submit to an on-line background check. The time and day this will be done will be prescheduled with you and the Membership Chairman by the Office Manager. Once we received the results of the research you will be contacted and advised. If all is satisfactory at this point you will be scheduled for a formal interview with members of the Board of Directors; this too will be arranged by the Administrative Assistant.

Thank you in advance for your cooperation in this process, and we appreciate your willingness to support the programs and initiatives of the South Metro Chapter of the 100 Black Men of America.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense.

I hereby authorize the 100 Black Men of South Metro, Inc. to conduct a limited background check for the purpose of membership into the organization.

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**Signature**

**Date**

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**Sponsor Signature**

**Date**

**PLEASE COMPLETE AND RETURN WITH A \$50.00 APPLICATION FEE TO THE FOLLOWING LOCATION. IF YOU WOULD LIKE TO PAY THE APPLICATION FEE WITH A CREDIT/DEBIT CARD PLEASE CONTACT OUR ADMINISTRATIVE ASSISTANT AT 404-761-0064. PLEASE NOTE THERE IS A SERVICE CHARGE FOR CREDIT/DEBIT CARD TRANSACTIONS.**

ATTN: Membership Application  
100 Black Men of South Metro, Inc.  
1513 E. Cleveland Ave. Suite 101-A  
Atlanta, Ga 30344

For any questions regarding your application or payment, please contact our Administrative Assistant at 404-761-0064.

**Membership questions? Please contact:**

Mr. Rafiq Ahmad  
Emerging 100 Chairman  
(404) 307-7352  
E-mail: rafiqii@aol.com

**(PLEASE NOTE APPLICATION FEE IS NON-REFUNDABLE)**

**GEORGIA BUREAU OF INVESTIGATION GEORGIA CRIME INFORMATION CENTER**

**Criminal History Consent Form**

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I understand that General Information Services, Inc. (GIS) is requesting this information on behalf of \_\_\_\_\_ and give my full consent for periodic criminal history background checks to be performed for the duration of my employment with this company.

\_\_\_\_\_  
Full Name (print: Last, First, and Middle Name)

\_\_\_\_\_  
Alias/Maiden names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Month, Day and Year of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

100 Black Men of South Metro, Inc., its affiliated companies, and/or its agents (collectively, herein after referred to as “ Company”) may obtain information about you from a consumer reporting agency for purposes permitted under the Fair Credit Reporting Act 15 U.S.C.1681 *et seq.*, including employment purposes, a business transaction initiated by you, or upon your written instructions. A “consumer report” and/or an “investigative consumer report” may be requested which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, credit history, motor vehicle records such as driving records, drug and alcohol (accident results) for DOT requirements, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates.

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 to e-Verifile, 2400 Herodian Way, Smyrna, GA. 30080- 770-859-9899. For information about e-Verifile’s privacy practices see [www.e-verifile.com](http://www.e-verifile.com). The scope of this notice and authorization is not limited to the present and, if hired or engaged to transact business with the Company, will continue and allow the Company to conduct future screenings for retention, promotion, reassignment, access to the Company’s or its customer’s premises or for a continuing relationship with the Company, unless revoked by me in writing.



**AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report" and "State Law Notices" and certify that I have read and understand both documents. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, drug laboratories, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by eVeriFile.

A credit report may be obtained in connection with your application for employment. If a credit report has been ordered, you may have additional rights under the Federal and State laws. If Company orders a credit report it will be for the following reason:

**California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22.** Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by eVeriFile during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at eVeriFile's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. eVeriFile has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22,

**New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.** By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**California, Minnesota or Oklahoma applicants only:**

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below. I wish to receive a free copy of the report.

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE E-VERIFILE TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided me with a copy of A Summary of Your Rights Under the Fair Credit Reporting Act.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print:** Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender\* (check one): Male Female

DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Confirm Email Address \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_ Street Number and

Name City State Zip Dates

2400 Herodian Way • Suite 490 • Smyrna GA 30080 • 855-383-7434 • Fax: 770-859-0717

1 Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for a relationship with the Company

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