



Has your professional license ever been suspended?

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently attending school?

Yes  No

If yes, where \_\_\_\_\_  
\_\_\_\_\_

What subject(s) of special study or research work are you, or have you pursued? \_\_\_\_\_  
\_\_\_\_\_

### **WORK EXPERIENCE**

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____	<b>Work Performed</b>
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

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Reason for Leaving: _____	

Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

**Comments: Include explanation of any gaps in employment.**


**EDUCATION**

<b>High School</b>	
Name: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	

<b>College</b>	
Name: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Major: _____ G.P.A. _____

<b>Other</b>	
Name: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Major: _____ G.P.A. _____

**REFERENCES**

List the name and telephone number of three business/work references who are not related to you. These references should be in addition to those listed on this application. If not applicable, list three personal references that are not related to you.

Name: _____	Relationship: _____	Years Known: _____	Phone: ( ) _____
Name: _____	Relationship: _____	Years Known: _____	Phone: ( ) _____
Name: _____	Relationship: _____	Years Known: _____	Phone: ( ) _____

If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire and a valid social security number for reporting the wages that you earn. Can you, after employment, provide verification of your legal right to work in the United States and a valid social security number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a record of founded child or dependent adult abuse or have you been convicted of a crime in this state or any other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, please state the nature of the abuse incident or crime(s), when and where convicted, and disposition of the case.

*Note: A conviction will not necessarily disqualify you from consideration for employment. The nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for may be considered.*

Have you ever been excluded from participation in the federal and any state health care programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
(Initial) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
(Initial) I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility within three business days of the date employment begins. I further understand that I must provide a valid social security number for the purpose of reporting the wages I earn to the state and federal governments.

\_\_\_\_\_  
(Initial) I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_\_  
(Initial) I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the Company or myself. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by the Company President.

\_\_\_\_\_  
(Initial) I understand that any offer of employment, as applicable, is contingent upon successful passing of a pre-employment and post-offer physical examination, drug test, criminal background check, dependent adult record check, reference checks, fingerprinting, suitability for employment processing, and other such pre-employment and post-offer exams as may be necessary or requested.

\_\_\_\_\_  
(Initial) I understand that if offered employment, the offer may be contingent on my passing a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment physical upon request. I understand that failure to pass the physical will result in withdrawal of the employment offer.

**NOTICE RE DRUG TESTING AND CRIMINAL BACKGROUND CHECKS**

IN ORDER TO ENSURE THE SAFEST ENVIRONMENT FOR OUR PATIENTS AND STAFF, THIS COMPANY CONDUCTS POST-OFFER/PRE-EMPLOYMENT DRUG TESTING, CRIMINAL BACKGROUND SCREENING AND A DEPENDENT ADULT ABUSE RECORD CHECK ON ALL APPLICANTS SELECTED FOR EMPLOYMENT. INDIVIDUALS WHO DO NOT SUCCESSFULLY PASS THESE SCREENINGS ARE NOT PERMITTED TO COMMENCE EMPLOYMENT.

I have read and fully understand the above statements.

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

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

## PRE-EMPLOYMENT DRUG TESTING POLICY

Thank you for your interest in employment with us. This Company has adopted a Drug and Alcohol-Free Workplace Policy for the benefits of our employees and residents. Should you receive an offer of employment based on this Employment Application you will be asked to submit to a pre-employment drug screen.

The following are our Pre-Employment Drug Testing Procedures:

1. Pre-Employment Drug Screens of post-offer, pre-employment job applicants are required and are ~~conducted at Company expense. The drug screen will occur either onsite at our Company with a certified collector or at a Company-designated testing laboratory or medical facility.~~
2. The Pre-Employment Drug Screen will screen for Marijuana, Methamphetamines, Cocaine, Opiates and PCP. If you are contacted by a Medical Review Officer or any other personnel from a Company-designated testing laboratory or medical facility regarding a suspect positive result, please share with them any information that could have impacted the test results, including identification of currently or recently used prescription or non-prescription drugs. If you test positive and provide a legitimate medical explanation (such as a prescription) your test result may be determined to be negative.
3. A refusal to submit to pre-employment drug testing or a failure to cooperate with testing personnel may result in disciplinary action up to and including termination of employment.
4. Initial non-negative or suspect positive drug screen results shall be confirmed and reviewed by a Medical Review Officer. Test results of the Company-designated testing laboratory or medical facility are considered final.

### Confidentiality

Company and testing laboratory or medical facility personnel will collect and treat test samples and any information obtained in relation to your drug screen with due regard for your privacy. Test results will only be disclosed to Company employees or agents who have a need to know. Test results are maintained in a confidential applicant file and transferred to a confidential personnel file if you are hired. If you are not hired, your records will be maintained confidential and destroyed in accordance with our document retention policy. Individuals tested may, upon written request, receive a copy of their test results. Information regarding test results will not be provided to anyone without your written consent, except as allowed or required by law.

### Use of Results

The Company will take action on a confirmed positive drug screen result only after receiving a report from its designated testing facility that has been confirmed by a Medical Review Officer.

If you test positive or have a verified adulterated or substituted test result you will be ineligible for hire. If an invalid test result occurs, you may be requested to re-test or may be considered ineligible for hire.

Upon request, you will be given an opportunity to explain, in a confidential setting, a positive test result, and the presence of any drug in your system, and to substantiate the explanation with medical evidence.

### PRE-EMPLOYMENT CONSENT AND RELEASE

The undersigned applicant hereby authorizes the Company, its employees, agents, including but not limited to Ensign Services, Inc., Aurico Reports, Inc. and Alere, Inc., or any physician, testing laboratory or medical facility acting on its behalf to obtain a urine sample to be analyzed to detect the presence of illegal or unauthorized drugs. I authorize the results of these tests to be given to the Company or any of its agents.

I understand that this drug screen is being administered as part of a pre-employment screening process and that if I test positive or have a verified adulterated or substituted test result I will be ineligible for hire.

I understand and agree that test results provided by the Company-approved testing laboratory or medical facility shall be conclusive and final, and that test results provided by physicians or laboratories not approved by the Company will not be accepted or considered valid.

I understand that my refusal to submit to the drug/alcohol screening test will constitute voluntary withdrawal of my application for employment.

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I fully understand that should I be conditionally put to work by the Company prior to the results of the drug screen being known, my continued employment is conditional upon passing the drug screen. If I should test positive on the drug screen, indicating the presence of a prohibited drug or substance, I further understand I will be terminated immediately.

I release and hold and any Company-designated physician, testing laboratory or medical facility harmless for release of this information. I also release and hold harmless the Company, its officers, directors, members, managers, agents, affiliates, owners, stockholders and employees, Ensign Services, Inc., Aurico Reports, Inc. and Alere, Inc. from any and all claims, losses and legal action that may arise as a direct or indirect result of this policy.

A copy of this document shall have the same force and effect as the original.

I have read and understand the Pre-Employment Drug Testing Policy.

**Applicant Name (Printed)**

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**Applicant Signature**

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**Date:**

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