

APPLICATION FOR EMPLOYMENT

Where EVERYONE PARTICIPATES IN CARING

WE APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL HELP US POTENTIALLY PLACE YOU IN A POSITION THAT MEETS YOUR OBJECTIVES AND THOSE OF THE ORGANIZATION. EPIC MANAGEMENT, L.P.'S POLICIES ON EQUAL OPPORTUNITY ARE CONSISTENT WITH OBJECTIVES SET FORTH BY STATE AND FEDERAL STATUTES AND PRESIDENTIAL EXECUTIVE ORDERS. OUR EMPLOYMENT POLICIES AND PRACTICES REQUIRE THAT WE COMPLY WITH ALL APPLICABLE STATE AND FEDERAL STATUTES AND POLICIES REGARDING ALL APPLICANTS AND EMPLOYEES AND THEREFORE DO NOT UNLAWFULLY DISCRIMINATE AGAINST ANY PROTECTED CLASSIFICATIONS OF APPLICANTS OR EMPLOYEES INCLUDING RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, MARITAL STATUS, SEXUAL ORIENTATION, ETC.

PERSONAL

LAST NAME		FIRST NAME		INITIAL	SOCIAL SECURITY NO		DATE
PERMANENT ADDRESS			CITY	STATE	ZIP	HOME TELEPHONE ()	
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED					
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATES OF EMPLOYMENT		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE AND POSITION APPLIED FOR	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST DATES, OFFENSES AND DISPOSITION (CONVICTIONS ARE NOT AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT)					
NAME OF RELATIVES EMPLOYED IN THIS ORGANIZATION			IN AN EMERGENCY, NOTIFY:				
			NAME _____				
			ADDRESS _____ TELEPHONE NO. _____				

EMPLOYMENT INTERESTS

POSITION(S) DESIRED			DATE AVAILABLE	SALARY EXPECTED
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> FOR HOW LONG? _____		SHIFTS YOU CAN WORK <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> WEEKEND		HOW WERE YOU REFERRED TO OUR ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> SELF <input type="checkbox"/> SCHOOL
INDICATE APPLICABLE WORK SKILLS: TYPING _____ WPM COMPUTER SYSTEMS/SOFTWARE _____ 10-KEY _____ SPM OTHER JOB-RELATED SKILLS _____			<input type="checkbox"/> OTHER _____ <input type="checkbox"/> EMPLOYEE, NAME _____	

EDUCATION/U.S. MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREES/DIPLOMAS
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER					

HONORS OR AWARDS RECEIVED _____ ARE YOU TAKING ANY EDUCATIONAL COURSES PRESENTLY?
 YES NO
IF YES, WHAT AND WHERE? _____

SOME OF OUR PATIENTS DO NOT SPEAK ENGLISH. DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGES OR FLUENTLY USE SIGN LANGUAGE? IF SO, WHICH ONES?
DO NOT ANSWER IF YOU FEEL IT WOULD REVEAL ETHNIC BACKGROUND.
SPEAK _____ READ _____ WRITE _____

HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	U.S. MILITARY DUTIES & SPECIAL TRAINING RELEVANT TO POSITION YOU ARE SEEKING	RANK HELD AT DISCHARGE
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PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE	EXP DATE	REGISTRATION NUMBER

REFERENCES

LIST THREE PEOPLE YOU HAVE KNOWN AT LEAST ONE YEAR. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.					TELEPHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	CITY	STATE	ZIP			

EMPLOYMENT HISTORY – LIST CURRENT OR MOST RECENT EMPLOYER FIRST

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENTS ON EACH PERIOD. INCLUDE PART-TIME, VOLUNTEER AND / OR SEASONAL WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME	CITY, STATE	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM _____ TO _____
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR. WEEK MONTH) START _____ END _____
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME	CITY, STATE	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM _____ TO _____
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR. WEEK MONTH) START _____ END _____
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME	CITY, STATE	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM _____ TO _____
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR. WEEK MONTH) START _____ END _____
DESCRIPTION OF DUTIES			REASON FOR LEAVING?
			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

Make any comments you feel are pertinent to your application _____

ACKNOWLEDGEMENT – PLEASE READ CAREFULLY. INITIAL EACH PARAGRAPH AND SIGN BELOW

- INITIAL 1. I understand that as a condition of employment I may be required at any time to undergo physical examinations (including blood, urine, breath and other laboratory tests for drugs or alcohol or other legitimate reasons) concerning my ability to perform any job, for which I may be involved, safely or efficiently. If I am required to undergo any examinations or tests, I understand that to the extent such is permissible under the Health Insurance Portability and Accountability Act of 1996 (commonly referred to as HIPPA) as well as any other applicable State or Federal law, I will be required to authorize all such health care providers who examine or test me to disclose to the company to which I am now applying for employment or promotion, all medical information reasonably necessary to allow them to determine if I can safely and reasonably perform the job duties and responsibilities involved. I further understand that if I refuse to consent to such examinations or tests, or to authorize the release of the medical information resulting therefrom, in compliance with this provision, I may be subject to disciplinary action, up to and including refusal to be hired and/or termination of my employment if actually hired.
- INITIAL 2. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. I hereby authorize the employer to whom I am now applying to investigate my references, work record, credit record if applicable, education and other matters relating to my suitability for employment and, further, authorize my former employers to disclose to this company any and all letters, reports and other information related to my work records. To the extent, if at all, I have a right to waive the right to notice of such disclosures, I hereby do so and furthermore, to the extent I have a right to release this company, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of, or in any way related to such investigation or disclosure, I hereby do so.
- INITIAL 3. I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed. 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 cause, at the option of either myself or the company to which I am now applying for either employment and/or promotion, and that no promises or representations contrary to the foregoing are binding on the company. My continued employment is dependent on satisfactory performance and the continued need for my services as determined solely by the company.
- INITIAL 4. I understand that my application for employment will be placed in a active status for a period of 6 months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the 6 month period, I must reapply by submitting a new application for employment.
- INITIAL 5. I understand that proof of identity and right to work in the United States will be required within first three days of employment with the company for which I am now applying. This information, I understand, is required for continued employment.
- INITIAL 6. I hereby acknowledge and agree that upon cessation of my employment, my final paycheck will immediately be provided to me or by mail to my last known mailing address.
- INITIAL 7. By checking this box, I hereby acknowledge and agree that I am waiving the right to receive a copy of any public record obtained while doing any type of background check on myself.
- INITIAL 8. I acknowledge that I have read all of the above statements and that I understand them.

If you cannot email this form, just print out the typewritten application and mail.

DATE: _____

Applicant's Signature _____