



Name of Facility:

Application For Employment
(Please Print or Type)

"We are an equal opportunity employer. We do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis protected by local, state or federal law, including a person's age, sex, race, creed, national origin, religion, disability, or veteran status. Applicants for positions with the Company must completely fill out this application to be considered for employment. No applicant will be considered for employment solely on the basis of a resume. Do not volunteer any information not requested on the application. This application will remain active for 60 days only. If you are not contacted by a Company representative within 60 days and still wish to be considered for a position, you must fill out and submit another application."

I. Personal Information

Form with fields for Name (Last, First, Middle), Address (Street, City, State, Zip), Phone (Home, Cell, Other), and Social Security Number.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization in compliance with the U.S. Department of Justice within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Position _____ Date _____

- 1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____
2. Do you have any relatives who are presently (or have formerly been) employed by the Company? (If yes, please provide name (s): _____
3. Are you prevented from becoming lawfully employed in the United States because of your VISA or immigration status? _____
4. How were you referred to our Company? _____
5. Do you have reliable means of transportation? _____
6. Within the last seven (7) years have you ever been convicted of, served a sentence for, any type of criminal offense, other than a minor traffic violation? If "YES" please describe the circumstances: _____
7. Are you currently facing any criminal charges or is there any warrant currently outstanding for your arrest? If "YES," please explain: _____

(Note a conviction record will not necessarily be a bar to your employment with our Company. Factors such as the age and type of offense, the seriousness and nature of the violation, your rehabilitation and the position for which you are applying will be taken into account)

**II. Employment Record (Please include all employment for the past five (5) years)
(start with the most current employer and position)**

| | | | |
|-------------|------|---------------------|--------|
| Start: | End: | Company Name: | Phone: |
| Supervisor: | | Address: | |
| Position: | | Describe Work: | |
| Last Wage: | | Reason for Leaving: | |

| | | | |
|-------------|------|---------------------|--------|
| Start: | End: | Company Name: | Phone: |
| Supervisor: | | Address: | |
| Position: | | Describe Work: | |
| Last Wage: | | Reason for Leaving: | |

| | | | |
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| Start: | End: | Company Name: | Phone: |
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| Position: | | Describe Work: | |
| Last Wage: | | Reason for Leaving: | |

| | | | |
|-------------|------|---------------------|--------|
| Start: | End: | Company Name: | Phone: |
| Supervisor: | | Address: | |
| Position: | | Describe Work: | |
| Last Wage: | | Reason for Leaving: | |

Note: If necessary, please use a separate sheet of paper to list additional employers. We will contact all of the employers listed on this application. Please list below if you do not wish us to contact your current employer.

May we contact your current employer for a reference? _____

III. Educational History

| | School Name | Year Completed | Diploma/Degree |
|---------------|-------------|----------------|----------------|
| Elem/Jr. High | | | |
| High School | | | |
| College | | | |
| Other | | | |

IV. References (please do not include relatives or former employers)

| | |
|--------------|-------------|
| Name: | |
| Address: | |
| Phone: | |
| Years Known: | Occupation: |

| | |
|--------------|-------------|
| Name: | |
| Address: | |
| Phone: | |
| Years Known: | Occupation: |

V. Work Availability

1. If your application receives favorable consideration, when are you able to begin work?

2. Are you able to meet the attendance requirements of the position? _____
3. Do you have any objection to working in excess of 40 hours per week? _____
4. Can you work over forty (40) hours per week without prior notice? _____
5. Can you work over eight (8) hours per day without prior notice? _____
6. Can you work on Saturday? _____
7. Can you work on Sunday? _____

VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration what salary/hourly rate would you require?
\$ _____ per _____

VII. Verification

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for employment as may be necessary in arriving at an employment decision. I understand that, if I am employed, any statements that I have falsified on this Application shall be grounds for immediate dismissal. I also understand that, if employed by the Company, I am required to abide by all of the Company's rules and regulations.

1. Consent to Conduct Background Investigation

As a condition of an in consideration for the Company's consideration of this application, I give permission to the Company to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the Company to conduct this investigation and to discuss results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to the Company to contact all employers on this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company. I consent to release of such information whether orally or in writing. I hereby indemnify and release the Company and any persons providing or receiving such information from all liability and agree not to bring any legal action for defamation, invasion of privacy, or any other claims based upon any statement made to anyone at the Company regarding me.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney, or representative of the Company to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information.

4. Consent with Investigation

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

5. Application Considered for Sixty (60) Days

This employment application will be considered active for sixty (60) days from the date below. If I want to be considered for a job with the Company after this period of time, I must complete and submit another application.

6. Medical Examination

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required when job-related and consistent with the Company's business needs to undergo a medical examination or testing for drugs or alcohol.

7. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or if discovered after an offer of employment for immediate dismissal.

8. Employment "At Will"

Employment "At Will" I understand that if I am hired by the Company my employment is "at will," meaning that it is for no definite period of time and can terminated by me or by the company with or without cause or notice, at any time. I also understand that no representative of the Company, other than the President, has the authority to enter an agreement with me contrary to the foregoing and I understand that any agreement that the President might enter with me contrary to the foregoing must be in writing to be enforceable. I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

9. Agreement to Arbitrate Disputes

I agree that any dispute, claim or controversy which may arise between me and the Company with regard to this Application for Employment or with regard to my employment by the Company if hired, including any claim that I was not hired or that I was disciplined or discharged as a result of my age, sex, color, race, creed, national origin, religious persuasion, or disability or in violation of Ohio law, shall be subject to and fully settled by mandatory and binding arbitration administered by the American Arbitration Association in accordance with the AAA National Rules for the Resolution of Employment Disputes. The Arbitrator shall have authority to award any remedy that an Ohio or federal court or and Ohio or federal agency could award or grant in a similar dispute. In any such arbitration proceeding the Applicant shall have the right to be represented by a spokesperson of her/his choosing. The arbitrator shall have the authority to award the Applicant reimbursement of some or all of the attorney fees and other costs expended, if successful.

Applicant's Signature _____

Date _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). –Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u at the Federal Trade Commission’s website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA, if you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone- such as a creditor who reports to the CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical

information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| For Questions or Concerns Regarding: | Please Contact: |
|---|--|
| CRAs creditors and others not list below | Federal Trade Commission Bureau of Consumer Protection FCRA Washington, D.C. 20630 202-326-3761 |
| National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in federal institution’s name) | Office of Comptroller of the Currency Compliance Management MS6-6 Washington, D.C. 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Consumer & Community Affairs Washington, D.C. 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name) | Office of The Supervision Consumer Programs Washington, D.C. 20552 800-842-6929 |
| Federal credit unions (words “Federal Credit Union” appear in institution’s name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360 |
| Banks that are state-chartered or are not Federal Reserve System members | Federal Deposit Insurance Corporation Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC |
| Air, surface, or mail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator GIPSA Washington, D.C. 20205 202-720-2051 |

**AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION
WAIVER**

I hereby authorize JAG Healthcare (formerly Griffiths Healthcare Group) to obtain motor vehicle reports, police and law enforcement agency reports, references, credit reports, consumer reports, investigative consumer reports, medical information, school records, and other information about me, which may include information obtained from previous employers, personal references, knowledgeable acquaintances, neighbors, and friends as to my character, general reputation, job performance, personal characteristics and mode of living. This information is being obtained in compliance with the Fair Credit Reporting Act.

I release such persons, businesses, corporations, institutions, medical establishments, local, state, and federal law enforcement agencies from any and all liability of any type as a result of providing the above mentioned information to JAG Healthcare (formerly Griffiths Healthcare Group), or their authorized agents.

I hereby release and discharge JAG Healthcare (formerly Griffiths Healthcare Group), their employees, agents, successors and assigns, from any and all liability that may arise out of the investigation of my background as set forth herein.

I have read and understand this release waiver in its entirety, and have authorized JAG Healthcare (formerly Griffiths Healthcare Group) to obtain the records and information listed in this release waiver.

SIGNATURE DATE

WITNESS DATE

Full Name: _____

Maiden Name (if applicable): _____

Current Address: _____

Social Security No: _____

Drivers License No: _____ Issuing State: _____

Counties in California you have lived in the past 7 years: _____

**PREVIOUS EMPLOYMENT REFERENCE CHECK
JAG Healthcare**

Applicant Name _____ Social Security No. ____ -- ____ -- ____

Company Name _____

Address _____

Phone No. _____ Fax No. _____

Supervisor Name _____

Employment Dates: From _____ to _____ Position _____

Reason for Leaving _____

Eligible for Rehire? Yes _____ No _____

| EVALUATION | EXCELLENT | GOOD | AVERAGE | POOR |
|-----------------|-----------|------|---------|------|
| Attendance | | | | |
| Quality of Work | | | | |
| Job knowledge | | | | |
| Cooperation | | | | |
| Dependability | | | | |
| Appearance | | | | |
| Stability | | | | |
| Overall Rating | | | | |

Comments _____

Information Provided By _____ Title _____

I, _____, authorize the released of information concerning my past employment performance, under the provisions of the Privacy Act of 1974. All information is kept confidential.

Applicant Signature _____ Date _____

Reference Check Completed by _____ Date _____

**PREVIOUS EMPLOYMENT REFERENCE CHECK
JAG Healthcare**

Applicant Name _____ Social Security No. ____ -- ____ -- ____

Company Name _____

Address _____

Phone No. _____ Fax No. _____

Supervisor Name _____

Employment Dates: From _____ to _____ Position _____

Reason for Leaving _____

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| EVALUATION | EXCELLENT | GOOD | AVERAGE | POOR |
|-----------------|-----------|------|---------|------|
| Attendance | | | | |
| Quality of Work | | | | |
| Job knowledge | | | | |
| Cooperation | | | | |
| Dependability | | | | |
| Appearance | | | | |
| Stability | | | | |
| Overall Rating | | | | |

Comments _____

Information Provided By _____ Title _____

I, _____, authorize the released of information concerning my past employment performance, under the provisions of the Privacy Act of 1974. All information is kept confidential.

Applicant Signature _____ Date _____

Reference Check Completed by _____ Date _____

INTERVIEW NOTES