

APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Date: _____

Name: _____
Last
First
Middle
Street Address: _____ **Home Phone:** _____

City, State, Zip Code: _____ **Cell Phone:** _____

Social Security Number: _____ **Date of Birth:** _____

Email Address: _____ **Driver License Number:** _____

EMERGENCY CONTACT: _____ **Telephone Number:** _____

Have you ever applied for employment with this Agency?
What date can you start? _____ **How many hours a week are you available for work?** _____

What Days: M T W TH F SUT SUN

Are you willing to work: Evenings Weekends

What Category would you prefer? Full Time Part Time Temporary Per Diem

Are you legally Eligible for employment in the United States? Yes No

How did you learn of our organization? Newspaper Ad Agency Employee Website Other: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company: _____

Have you been given a job description or had the essential functions of the job explained to you?	Yes	No
Do you understand these essential functions?	Yes	No
Can you perform the essential functions of this job with or without reasonable accommodations?	Yes	No

Application Note:

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified individuals applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military service membership, ancestry, religion, height, weight, use of guide or support animal because of blindness, deafness or physical handicap or presence of disabilities. A conviction will not necessarily bar an application from employment. Additional testing or job-related skills and for the presence of drugs in your body maybe required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.



List States and Countries of residence in the past Seven Years? _____

Have you used any names or Social Security Numbers other than given above? Yes No
If so, please list in separate sheet.

Have you been convicted of a crime in the past seven years? Yes No
If so, please describe in detail on a separate sheet. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)

RECORDS OF PREVIOUS EMPLOYMENT

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S. A CURRENT FAX NUMBER IS MANDATORY.

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for ALL periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

MOST RECENT EMPLOYER: Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Company Name: _____ Phone Number: _____ Address: _____ Job Title: _____ _____ Supervisor's Name: _____ City State Zip Code Dates of Employment: From _____ To _____ Reason for leaving: _____ Job Duties: _____ Salary: _____	
SECOND MOST RECENT EMPLOYER Company Name: _____ Phone Number: _____ Address: _____ Job Title: _____ _____ Supervisor's Name: _____ City State Zip Code Dates of Employment: From _____ To _____ Reason for leaving: _____ Job Duties: _____ Salary: _____	
THIRD MOST RECENT EMPLOYER Company Name: _____ Phone Number: _____ Address: _____ Job Title: _____ _____ Supervisor's Name: _____ City State Zip Code Dates of Employment: From _____ To _____ Reason for leaving: _____ Job Duties: _____ Salary: _____	

PROFESSIONAL REFERENCES	
Name: _____	Job Title : _____ Name of the Organization: _____
Full Address: _____	Phone Number: _____
Number of years known: _____	FAX: _____
PROFESSIONAL REFERENCES	
Name: _____	Job Title : _____
Full Address: _____	Phone Number: _____
Number of years known: _____	FAX: _____

EDUCATIONAL RECORD

High School / College	Location	Select the Grade or Years Completed	Diploma

PROFESSIONAL LICENSE/CERTIFICATION

TYPE	NUMBER	STATE ISSUED	STATE ISSUED	STATE ISSUED	DATE ISSUED	EXPIRES ON	CONFIRMED

U.S. MILITARY ESPERIENCE

RANK	INITIAL RANK	FINAL RANK
SERVICE SCHOOL ATTENDED:		

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS, IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page on of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misinterpretation of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. If company requires, I am willing to submit drug testing to detect the use of illegal drugs prior to or during employment.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Signature of Applicant

Date:

Personal Data

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state & zip code)		Dates of Residence:
1. _____		_____
2. _____		_____
3. _____		_____
Date of Birth: _____	Other Names used (including maiden name): _____	
Social Security Number: _____	Driver's License #: _____	State: _____
Email address (may be used for official correspondence): _____		

I have the right to make a request to IntelliCorp Records, Inc. or Sentrylink, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which "record company" has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

APPLICANTS ACKNOWLEDGEMENT OF DRUG & ALCOHOL POLICY

As a Company dedicated to providing quality services, QURA HEALTHCARE, INC. has adopted a Drug and Alcohol Policy applicable to all of its employees. Employment of newly hired employees with the Company is contingent on passing an examination, which includes testing for narcotics, hallucinogenic drugs, marijuana or other controlled substances.

I agree and consent to taking any blood, “breathalyzer”, urinalysis or other diagnostic tests as requested by the Company as part of an employment examination or otherwise and authorize release of any test results to the Company. I understand the following are considered a voluntary withdrawal of my application for employment that precludes further considerations for employment, for at least six (6) months and only after completing a medically supervised substance abuse program:

- A) Failure to consent to testing;
- B) Discovery of any evidence which, in the opinion of the company or testing laboratory, indicates that the blood or urine sample has been altered, substituted, or tampered with in any way;
- C) Failure to report for testing by end of business day as indicated on the collection guideline form.

If hired by the Company, I hereby give my consent to any drug or alcohol testing as may be required by the Company, except where prohibited by law, and authorize release of any such test results to the Company.

Applicant's Signature

Date

Applicant's Name (Please Print)

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, yearly background as required by State health Department or Medicare, or discipline, **QURA HEALTHCARE, INC.** (“the Company”) may request any rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. or Sentrylink, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone 1-888-946-8355; or website: www.intellicorp.net
Sentrylink, Inc. can be contacted by mail at 7500 Grenway Center Dr, Suite 1040; Greenbelt, MD 20770 or phone 1-301-486-0862; or website: www.sentrylink.com

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records;
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address and telephone number reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize QURA HEALTHCARE, INC. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my Signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do do not authorize run a background check for Employment

I do do not authorize you to contact my current employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from IntelliCorp Records, Inc. SentryLink, Inc. You have the right to request from those agency's, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a writer request, you may receive a summary of your report via telephone.

Printed Name

Date

Applicant Signature

APPLICATION STATEMENT AND AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty test, prior to any during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right .

I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all the records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act. (Cal. Code Civ. Proc. Sec 1280 et seq, including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other State or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor relations Board, claims for medical and disability benefits under the California Worker's Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.**

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Company, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS, AND THAT I UNDERSTAND AND AGREE TO SAME.**

Signature of Applicant

Date