

To Applicant: We deeply 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 aid us in selecting the most qualified applicants for any position openings.

INSTRUCTIONS TO APPLICANT: Use ink. Answer all questions completely. If more space is necessary to answer all questions, attach an additional sheet.

Equal Opportunity Employer - As an equal opportunity employer, ReDiscover considers each applicant for employment on the basis of qualifications for the job without regard to race, age, sex, disability, religion, national origin or veteran status.

PERSONAL DATA			
Name	Last	First	Middle Initial
Address Street		Social Security #	
City, State and Zip Code		Phone Number(s) Home ()	Cell () Work or Message ()
E-mail Address		Are You at Least 16 Years of Age <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other names under you may have been employed			

Proof of U.S. citizenship or INS Employment Authorization will be required upon employment.

Do you have any relatives employed with us? No Yes **If yes, who?** _____

Relationship: _____ **Dept.:** _____

Are you now or have you ever been excluded, debarred or suspended from participation in the Medicare or Medicaid programs or any other federal procurement program? No Yes

Have you been convicted of or have you plead guilty to **any** (crime or municipal ordinance violation including misdemeanors and traffic violations) other than a parking ticket? No Yes

If yes, complete below: (Conviction will not necessarily disqualify an applicant from employment; however, omission of convictions may be considered falsification of the application which could result in disqualification or discharge from employment). Attach additional pages if needed.

Date	Charge	City & State	Fine or Disposition

TYPE OF POSITION DESIRED

Check all applicable availability.

- Full-time Weekends
 Part-time On Call/PRN
 Temporary

Complete the following:

Date Available: _____
 Salary Required _____
 Number of Hours Desired Weekly _____

Position(s) applying for:

1. _____
2. _____
3. _____
4. _____

What shifts will you work? Any Days Evenings Nights

Can you work weekends? No Yes Can you work holidays? No Yes

Due to the type of service rendered by this institution, you may be required to work a schedule or in an area other than that for which you may be initially hired.

Have you ever filled out an application here before?

No Yes If yes, when? _____

Have you ever worked for ReDiscover (as an employee, through an agency, or as an independent contractor?).

No Yes Currently employed ***Please complete Transfer Application Form***

EDUCATION									
School	Name of School(s)	City, State, Country	Degree and Major	From:		To:		Graduate?	
				Mo	Yr	Mo	Yr	Yes	No
High School/GED									
College									
Graduate									
School of Nursing									
Technical or Professional									

PROFESSIONAL LICENSES AND/OR CERTIFICATES: (e.g. nursing, chauffeur, commercial, etc.)

Type	Active or Inactive	State Issued	Date of Expiration	Number

Have you ever had a professional license/registration denied, revoked, suspended or otherwise restricted? NO Yes

If yes, provide information, including license/certification, state, date and nature of action: _____

OTHER SKILLS

- Accounts Payable
- Filing Skills
- Medical Insurance Billing
- Medical Records Coding
- Medical Terminology
- Switchboard
- Typing wpm _____
- 10 Key
- Other _____

CLINICAL CARE

- Cath Lab
- Critical Care
- CT Scan
- Home Health/Hospice
- IV Certified
- Labor & Delivery
- Long Term Care Facility
- Med/Surg
- MRI
- Nursery
- Substance Abuse

CLINICAL CARE CONT'D.

- Mental Health
- OB/GYN
- Oncology
- AOR/Surgery
- Orthopedic
- Phlebotomist
- Physicians Office
- Skilled Nursing Facility
- Sports Medicine
- Telemetry
- Other

COMPUTER SKILLS

- Database _____
- Graphics _____
- Programming Languages _____
- Spreadsheet _____
- Windows
- Word Processing _____
- Other _____

List any special skills or qualifications you may have.
(Include internships, association affiliations, certificates, voluntary work, etc.)

EMPLOYMENT EXPERIENCE

(List all places of employment including temporary, full-time, part-time employment within the last 20 years).

List voluntary activities. Begin with most recent or current employer.

PRESENT EMPLOYMENT (OR LAST JOB) (List multiple jobs with same employer separately)

Employer (Current or most recent employer)	Address		Telephone Number(s) ()	Dates Employed	
				From	To
	City State			Month/Year	Month/Year
Job Title	Dates Employed In Job Title From To		Describe job duties		
Supervisor	Month/Year	Month/Year			
Work Status (FT, PT, OC, PRN)	Hourly Rate/Salary				
	Start	Current/Final			
	\$	\$			
Reason for Leaving			If currently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYMENT (OR LAST JOB)

Employer (Current or most recent employer)	Address		Telephone Number(s) ()	Dates Employed	
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	Start	Current/Final			
	\$	\$			
Reason for Leaving					

*Request additional work history sheets if needed!

Account for all periods of one month duration or more in the last three years in which you were not employed.

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(List all places of employment including temporary, full-time, part-time employment within the last 20 years).

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	\$	\$			
Reason for Leaving					

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Account for all periods of one month duration or more in the last three years in which you were not employed.

How were you referred to ReDiscover?

- Employee (Name) _____ Another Person/Relative No Yes (Name) _____
 School Indicate (Name) _____ Community Organization (Please Specify) _____
 Recruiting Agency _____ Job Opportunities Bulletin _____
 Government Agency _____ Campus Visit (indicate where) _____
 Walk-in Recruitment Fair Professional Journal _____
 Newspaper Ad _____ (Name of Paper) Internet Other

REFERENCES

NAME	AGENCY	PHONE/EMAIL
NAME	AGENCY	PHONE/EMAIL
NAME	AGENCY	PHONE/EMAIL

Applicant Acknowledgments

(PLEASE READ CAREFULLY)

I understand that if I have made any false statements in the application form, or if I omitted any material information, that such false statement or omissions may disqualify me from further consideration for employment, or may result in my termination if I have been employed.

I understand that any offer of employment that may be made to me is contingent upon passing a post offer physical examination, which will include a drug screen, and background checks (Family Care Safety Registry).

In consideration of my employment, I agree to conform to the rules and regulations of the employer. My employment can be terminated with or without cause, and with or without notice at any time. I also understand that due to the type of service rendered by this institution, I understand and agree that I may be required to work a schedule or in an area other than that for which I may be initially hired.

I understand that if I am required to be registered and/or licensed I will notify my supervisor immediately if any investigation, probation, limitation or cancellation of my registration and/or license occurs. I understand that if I fail to do so, my employment may be terminated.

I certify that I have listed all convictions, no matter how old, on this application and I specifically certify that I have never been convicted of or plead guilty or no contest to a class A or B felony, and that my name is not now and has never been placed on any State's Department of Social Services' employee disqualification list of those individuals who have been found to have abused or neglected elderly or handicapped patients or residents. I further certify that I have never been convicted of the crimes of "patient, resident, or client abuse or neglect" or of "furnishing unfit food to patients or clients", or of failing to report abuse or neglect in a mental health facility or treatment facility.

I certify that I am not currently suspended, debarred or otherwise excluded from Medicare/Medicaid/CHAMPUS/CHAMPRA programs. I further agree that I will inform my employer if I become suspended or proposed for exclusion from these federal programs.

In the event I am not hired, I understand my application will be active for a period of 6 months.

I hereby give my permission and authorize representatives of ReDiscover to investigate any or all of the statements I have made in this application for employment. I understand that such authorization will allow representatives of ReDiscover to contact any or all of the employers I have listed and I hereby authorize those employers to supply the requested information. I hereby release those employers from any liability arising out of the release from such information.

Applicant's Signature

Date

ReDiscover

ReDiscover is an equal opportunity employer and committed to a diverse work force. We are required to report the numbers of people who apply at our corporation by ethnic group, sex, veteran, disabled, and over forty status. Your cooperation will be appreciated in completing the following form. **This information will be used only for reporting purposes as legislated by Federal and State regulations.** Submission of this information is **voluntary**; will not be used in making an employment decision.

APPLICANT VOLUNTARY SELF-IDENTIFICATION RECORD

(Please Print)

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ / _____ / _____ Phone No. (____) _____

Address _____ City _____ State _____ Zip _____

Job Title(s) of Position (s) Applying for _____

Type of Employment Preferred:

Full-Time Part-Time Temporary On-Call (PRN)

Shift Preferred:

Days Evenings Nights

SEX - (Please check)

Male Female

Over Forty - (Years of Age)

No Yes

Race/Ethnic Identification (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

VETERAN/DISABLED STATUS (Please check)

Not Applicable

Veteran of the Vietnam ERA - A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a Dishonorable Discharge, or (2) was discharged released from active duty for a service-connected disability if any such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Veteran - A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Disabled Individual - A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.



People Respecting the Individual Differences of Everyone

Celebrating Our Diversity

Applicant Signature _____

Date _____