

verihealth, inc.
Employment Application



verihealth, inc. is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, pregnancy, medical condition, or disability. verihealth, inc. will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of the business.

APPLICANT INFORMATION

Last Name		First Name		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Permanent Address (If different than above)					
City	State	ZIP	Home Telephone	Mobile Number	
Date Available:	Full-Time: ____ Part-Time: ____ Per Diem: ____		Hours/shifts available:		
Position Applying for:			Location:		
How did you learn of the position?			Salary Requirement (if applicable):		
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever worked for verihealth, inc. before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?					
Do you have any friends/relatives who are currently or have previously worked for verihealth? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, state name(s) and relationship:		
Have any of your licenses or certifications been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?					
Have you ever been convicted of a felony (or a misdemeanor involving violent or fraudulent conduct)? (Note: Do not include any marijuana-related convictions dated more than two years ago.) Yes <input type="checkbox"/> No <input type="checkbox"/> A conviction will not necessarily disqualify an applicant from employment. If yes, explain?					
Are you at least 21 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> (The law prohibits discrimination against anyone at least 40 or more years old)					
Is there any reason that you could not adequately perform the essential duties of the job for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/>					

EDUCATION

High School		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	
Other (Vocational/Technical/Training):		Address			
From	To	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree	

List other qualifications and skills (e.g. languages, typing, office machines, etc). Please list job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those of which you indicate your race, color, religion, sexual orientation, national origin, gender, age, veteran status, marital status or disability).

Employment

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please list employer, date, and reason here:

PREVIOUS EMPLOYMENT

Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? Yes No

Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? Yes No

Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? Yes No

Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
If applying for an EMT position, please include a photocopy of the following current licenses and certifications:	
County Issued EMT Card California Driver's License Ambulance Driver's Certificate Medical Examiner Card CPR Card National Registry DMV Printout	

Professional References	
List at least three professionals that you are not related to and whom you have know for at least three years.	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
<p>PLEASE READ CAREFULLY BEFORE SIGNING</p> <p>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 and I have read and fully understand the questions asked in this application. I further certify I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.</p> <p>I hereby AUTHORIZE verihealth, inc. (herein referred to as company) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Further more, I 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. In addition, I hereby 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 investigation or disclosure.</p> <p>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 myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.</p>	
Signature:	Date:
Please complete all fields and send to the HR Department located at 2190 S. McDowell Blvd. Petaluma, CA 94954 or fax to 707.303.8044. Thank you for your interest at verihealth, inc. solutions in healthcare.	

Applicant EEO or Affirmative Action Information

It is the policy of verihealth, inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, ancestry, sexual orientation, veteran status, marital status, pregnancy, medical condition or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Full Legal Name:

Position Applied for:

What is your race/ethnic origin? (select one)

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Hispanic
- White, not of Hispanic Origin
- Asian or Pacific Islander

What is your gender?

- Male
- Female

Signature:

Date:

**AUTHORIZATION, NOTIFICATION, AND RELEASE FORM
FOR PROCUREMENT OF CONSUMER CREDIT / BACKGROUND REPORT**

In connection with my application for employment, and/or employment with (Verihealth, Inc) ("Company"), I, _____ (applicant's or employee's name), understand and am hereby notified and authorize Company to procure a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. (the "FCRA"), or any "person" as defined under the California Consumer Credit Reporting Agencies Act (if a CA applicant) for evaluation of me for employment (i.e. employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, employment history and verification, income verification, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, credit bureau, state board, licensing agency, and other entities, including present and past employers.

In connection with my application for employment and/or employment with Company, I further understand and am hereby notified that Company may procure an investigative consumer report concerning me from a consumer reporting agency or any "person" as defined by the California Consumer Credit Reporting Agencies Act (if a CA applicant). I understand that an investigative consumer report may contain information from public records, including but not limited to, written, oral or other communications bearing on my credit worthiness, credit standing, character, general reputation, personal characteristics, or mode of living, which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker's compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights under the FCRA and the California Investigative Consumer Reporting Agencies Act (If a California applicant). I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment in the event that I am hired or am a current company employee.

My Social Security number is _____ My Date of Birth ("DOB") is ____/____/____. ** Please see below.

****If ME, MI, MN, OH, PA, RI, or WV applicant DO NOT provide DOB.**

Instead call 877-292-3331 within **2 hours** of submitting your application.

My Previous Name (if any) is _____.

My Drivers License number is _____ and was issued by the state of _____.

If you have had another Drivers License in the last three years please put that number here: _____.

My High School, named _____, is located in (City) _____, (State) _____.

Current Address:

No. Street	City	State	Zip	County	Years
------------	------	-------	-----	--------	-------

Previous Addresses within the last seven (7) years: (Attach additional pages if necessary)

No. Street	City	State	Zip	County	Years
------------	------	-------	-----	--------	-------

No. Street	City	State	Zip	County	Years
------------	------	-------	-----	--------	-------

Oklahoma, Minnesota and California applicants only:

You have the right to receive a copy of your Consumer Credit Report free of charge should one be requested for employment purposes.

I wish to be furnished with a copy of my consumer credit report should one be ordered.

Applicant Signature: _____ **Date:** _____

I acknowledge that I have voluntarily provided the above the above information for employment purposes, and I have carefully read and I understand this authorization.

****The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

Client Account Number: **756000 – Verihealth, Inc.**

Private Eyes, Inc. 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598 at (925)927-3333 or (877)292-3331 Fax(877)292-3330

A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you.

Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file.

You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score.

Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.

Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers.

A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

A Summary of Your Rights under the Fair Credit Reporting Act (FCRA) II

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights.

For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS: CONTACT:

Consumer reporting agencies, creditors and others not listed below Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580 1-877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6
Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 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 Thrift Supervision
Consumer Complaints
Washington, DC 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 703-519-4600

State-chartered banks that are not members of the Federal Reserve System, Federal Deposit Insurance Corporation
Consumer Response Center, 2345 Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
Department of Transportation, Office of Financial Management
Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921
Department of Agriculture Office of Deputy Administrator – GIPSA
Washington, DC 20250 202-720-7051