

**For Office Use Only**

Hired Y/N If yes, Date \_\_\_/\_\_\_/\_\_\_ Dept \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_ Salary\$ \_\_\_\_\_



# CONFIDENTIAL APPLICATION FOR EMPLOYMENT



PLEASE PRINT

DATE: \_\_\_\_\_

## PERSONAL DATA

NAME: \_\_\_\_\_  
(LAST/ FIRST/ MIDDLE INITIAL)

ADDRESS: \_\_\_\_\_  
(STREET/ CITY / STATE/ ZIP CODE)

PHONE: \_\_\_\_\_ HOME OR MOBILE E-MAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ARE YOU A VETERAN? Y / N ARE YOU A CITIZEN OF THE UNITED STATES? Y / N

IF YOU ARE NOT A CITIZEN OF THIS COUNTRY, ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? Y / N

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? Y / N IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## EDUCATION

	NAME OF SCHOOL / LOCATION (CITY & STATE)	GRADUATION DATE
HIGH SCHOOL	_____	_____
COLLEGE / UNIVERSITY	_____	_____
GRADUATE / PROFESSIONAL	_____	_____
BUSINESS / TRADE	_____	_____
OTHER	_____	_____

## PREVIOUS EMPLOYMENT

(PLEASE LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT POSITION FOR THE PAST 10 YEARS)

CURRENT OR LAST EMPLOYER: \_\_\_\_\_  
(COMPANY OR INDIVIDUAL EMPLOYED BY)

INFORMATION: \_\_\_\_\_  
(NAME OF COMPANY OR INDIVIDUAL / ADDRESS / CITY / STATE)

SUPERVISOR: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
(FROM / TO)

POSITION(S) HELD: \_\_\_\_\_

SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUSLY EMPLOYED BY: \_\_\_\_\_  
(COMPANY OR INDIVIDUAL EMPLOYED BY)

INFORMATION: \_\_\_\_\_  
(NAME OF COMPANY OR INDIVIDUAL / ADDRESS / CITY / STATE)

SUPERVISOR: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
(FROM / TO)

POSITION(S) HELD: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PREVIOUSLY EMPLOYED BY: \_\_\_\_\_  
(COMPANY OR INDIVIDUAL EMPLOYED BY)

INFORMATION: \_\_\_\_\_  
(NAME OF COMPANY OR INDIVIDUAL / ADDRESS / CITY / STATE)

SUPERVISOR: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_  
(FROM / TO)

POSITION(S) HELD: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PLEASE LIST ADDITIONAL EMPLOYMENT ON REVERSE SIDE OF APPLICATION

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT? Y/N IF YES, PLEASE EXPLAIN: \_\_\_\_\_

BRIEFLY SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT AND OTHER EXPERIENCES: \_\_\_\_\_

## REFERENCES

(PLEASE GIVE THE NAMES, ADDRESSES AND PHONE NUMBERS OF 3 PERSONS TO WHOM YOU ARE NOT RELATED)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/ CITY / STATE/ ZIP CODE)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/ CITY / STATE/ ZIP CODE)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/ CITY / STATE/ ZIP CODE)

**NURSES AND/OR PHYSICIANS**

HAVE YOU EVER BEEN SUBJECT TO ANY DISPLINARY ACTION BY A STATE LICENSING OR NURSING BOARD OR BY ANY OTHER LICENSING ORGANIZATION?            Y / N

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**CONFIDENTIAL APPLICATION FOR EMPLOYMENT DISCLAIMER AND ACKNOWLEDGEMENT**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CURRENT AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS GROUNDS FOR REFUSAL TO HIRE AND FOR DISCHARGE SHOULD I BE HIRED.

I AUTHORIZE ALL OF THE PERSONS AND ORGANIZATIONS LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, AND QUALIFICATIONS FOR EMPLOYMENT. I ALSO AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION.

IN CONSIDERATION FOR MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF AFFINITY HEALTH GROUP, LLC. ("AFFINITY"). I ACKNOWLEDGE THAT RULES MANY BE CHANGED, WITHDRAWN, OR ADDED AT ANY TIME, AT AFFINITY'S SOLE OPTION AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT EMPLOYMENT WITH AFFINITY IS ON AN "AT-WILL" BASIS. I ALSO ACKNOWLEDGE THAT ANY EMPLOYMENT WITH AFFINITY MAY BE TERMINATED, OR ANY OFFER OR ACCEPTANCE OF EMPLOYMENT WITHDRAWN, AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE AT THE OPTION OF AFFINITY OR MYSELF. AN EMPLOYEE'S "AT-WILL" STATUS MAY NOT BE ALTERED EXCEPT BY A WRITTEN AGREEMENT EXECUTED BY AFFINITY'S PRESIDENT OR VICE-PRESIDENT.

I HAVE READ AND UNDERSTAND THIS DISCLAIMER AND ACKNOWLEDGEMENT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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

In connection with my application for employment, and/or employment with (5 Zzb]mi< YUH ; fci d) ("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 inquires 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 inquires 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
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**Previous Addresses within the last seven (7) years:** (Attach additional pages if necessary)

No. Street	City	State	Zip	County	Years
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No. Street	City	State	Zip	County	Years
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**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: **631000 – Vantage Health Plan, 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**

## **Applicant Reference Release**

I hereby authorize **Affinity Health Group** to contact any company, person, or educational institution I listed as a reference on my employment application. I hereby allow any company, person, or educational institute I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes.

I agree to release and discharge **Affinity Health Group** and **Affinity Health Group's** successors, employees, officers, and directors as well as any company, person or educational institution I have listed as a reference for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, for providing or receiving any information regarding my qualifications for employment. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **AFFINITY HEALTH GROUP**

## **PRE-EMPLOYMENT DRUG SCREENING**

### **CONSENT FORM**

I hereby give my voluntary consent for a urine sample to be collected from me and submitted for an alcohol, drug, and controlled substance, or any combination thereof, abuse screening test. Further, I hereby consent to the release of the test results to the company officials who make employment decisions for the company. I understand that any positive result from such test will result in immediate termination. Further, I understand that my failure to execute this voluntary consent will result in my not being considered for employment.

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Signature

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Date