

EMPLOYMENT APPLICATION



PLEASE READ CAREFULLY, PRINT ALL INFORMATION CLEARLY.
ANSWER ALL QUESTIONS IN INK.

DATE: _____

GENERAL INFORMATION

| | | | | |
|-------------------------------------|-------|--------|-----------------|------------------|
| Last Name | First | Middle | Social Security | |
| Current Address (Number & Street) | City | State | Zip Code | Telephone Number |
| Permanent Address (Number & Street) | City | State | Zip Code | Telephone Number |

Please provide your e-mail address for job opening notifications:

PERSONAL INFORMATION

| | |
|------------------------------|---------------|
| Position(s) Applying For: 1) | Locations: 1) |
| 2) | 2) |

Circle Those which Apply: Full Time Part Time Per Diem Temporary

Date Available for Work: _____

| | |
|--|-----------------------------------|
| How were you referred to Blue Heron HealthPro? | What is your desired hourly wage? |
|--|-----------------------------------|

A.
Please answer the following questions by placing an "X" in the appropriate box.
If further explanation space is required, please use the back of this form.

| | YES | NO | |
|---|--------------------------|--------------------------|--|
| If you are under 18 years of age, do you have a working permit? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever been employed by Blue Heron HealthPro? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please give dates & locations: |
| Do you have relatives employed by Blue Heron HealthPro? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please give name, relationship & location: |
| If hired, can you provide proof of authorization to work in the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you served in the U.S. Armed Services? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, name branch, rank, training: |
| Have you ever been convicted of a civil or military felony or misdemeanor? ** | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please explain: |

| B: Are you able to work: | YES | NO |
|---------------------------------|--------------------------|--------------------------|
| Weekends? | <input type="checkbox"/> | <input type="checkbox"/> |
| Holidays? | <input type="checkbox"/> | <input type="checkbox"/> |
| Rotating? | <input type="checkbox"/> | <input type="checkbox"/> |

**You cannot be denied employment based upon a conviction unless there is a direct relationship between the offense and the job or unless hiring would constitute an unreasonable risk.

| C: Computer Skills | YES | NO | (please circle one if answer is yes) |
|--|--------------------------|--------------------------|--------------------------------------|
| Do you have experience researching information using the Internet? | <input type="checkbox"/> | <input type="checkbox"/> | None Basic Intermediate Advanced |
| Do you have experience with word processing programs such as Microsoft Word? | <input type="checkbox"/> | <input type="checkbox"/> | None Basic Intermediate Advanced |
| Do you have experience with spreadsheet programs such as Microsoft Excel? | <input type="checkbox"/> | <input type="checkbox"/> | None Basic Intermediate Advanced |
| Do you have experience with database programs such as Microsoft Access? | <input type="checkbox"/> | <input type="checkbox"/> | None Basic Intermediate Advanced |

EDUCATION

| SCHOOL | SCHOOL NAME & ADDRESS | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED | LIST DIPLOMA OR DEGREE |
|-------------------|-----------------------|-----------------|----------------------------|------------------------|
| HIGH SCHOOL | | | 9 10 11 12 | |
| GED | | | | |
| COLLEGE | | | 1 2 3 4 | |
| GRAD/TRADE SCHOOL | | | 1 2 3 4 | |
| TECHNICAL SCHOOL | | | | |

CURRENT LICENSURE, CERTIFICATION AND ACCREDITATION

| TYPE OF LICENSE, CERTIFICATION, or ACCREDITATION | STATE/PROVENCE/COUNTRY ISSUING THE LICENSE | ISSUE NUMBER | EXPIRATION DATE | LIST DIPLOMA or DEGREE |
|--|--|--------------|-----------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TO BE COMPLETED BY ALL APPLICANTS FOR POSITIONS REQUIRING PROFESSIONAL LICENSE:

Are there any professional misconduct proceedings, peer review type proceedings or malpractice action wherein you are a party in New York State or any other state or any other country? YES NO

Have any judgments, settlements, findings, decisions, Or any other determinations of any kind whatsoever been entered or made in any professional misconduct proceeding, peer review type proceeding or malpractice action wherein you were a party in New York State or any other state or country? YES NO

Has your license to practice your profession in any jurisdiction ever been suspended, restricted, terminated, curtailed, revoked, or not renewed? YES NO

If the answer to any or all of the above questions is YES, please attach a statement of details.
An affirmative response to any of the foregoing questions is not an absolute bar to employment at Blue Heron HealthPro.

PREVIOUS EXPERIENCE

List name, address and phone number of previous employers with most recent employer first. If more than three, please attach additional list.

| | | | |
|---------------------------------|----------------------------------|---|---|
| Previous Employer: | Dates of Employment: From | / | / |
| Address: | To | / | / |
| City/State/Zip: | | | |
| Phone: | Last Salary: | | |
| Supervisor Phone: | Reason for Leaving: | | |
| Job Title: | | | |
| Duties/Responsibilities: | | | |

| | | | |
|---------------------------------|----------------------------------|---|---|
| Previous Employer: | Dates of Employment: From | / | / |
| Address: | To | / | / |
| City/State/Zip: | | | |
| Phone: | Last Salary: | | |
| Supervisor Phone: | Reason for Leaving: | | |
| Job Title: | | | |
| Duties/Responsibilities: | | | |

| | | | |
|---------------------------------|----------------------------------|---|---|
| Previous Employer: | Dates of Employment: From | / | / |
| Address: | To | / | / |
| City/State/Zip: | | | |
| Phone: | Last Salary: | | |
| Supervisor Phone: | Reason for Leaving: | | |
| Job Title: | | | |
| Duties/Responsibilities: | | | |

PREVIOUS EXPERIENCE CONTINUED.

Please state if you do not want us to contact any of your previous employers/supervisors and list the reason(s) you do not want them contacted:

REFERENCES

(List two persons who are not relatives; include former supervisors, teachers, advisors)

| NAME | ADDRESS (Street,City,State,Zip) | COMPANY/OCCUPATION | TELEPHONE |
|------|---------------------------------|--------------------|-----------|
| | | | |
| | | | |

BLUE HERON HEALTHPRO STATEMENT OF POLICY CONCERNING EQUAL EMPLOYMENT OPPORTUNITY

The policy of Blue Heron HealthPro is to provide equal employment opportunities to all applicants and employees without regard to race, color, religion, sex, age, national origin, disability, marital status, or status as a disabled or Vietnam era veteran and to affirmatively seek to advance the principals of equal opportunity employment. This policy extends to hiring, placement, training, compensation, benefits, upgrading, transfer, demotion, discipline, termination as well as recruitment, advertising, and solicitation for employment.

APPLICATION ACKNOWLEDGEMENT

If requested by Blue Heron HealthPro, in connection with this application, I will take a physical examination, which may include one or more drug screening tests. I agree that the examining authority may disclose the findings of these examinations to Blue Heron HealthPro and that my initial employment is conditioned upon meeting the requirements of that examination as established by Blue Heron HealthPro.

In consideration of my employment, I agree to the rules and regulations of Blue Heron HealthPro. Except as may be provided in a collective bargaining agreement, my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either Blue Heron HealthPro or myself. I understand that no representative of Blue Heron HealthPro except the President has any authority to make an agreement contrary to foregoing or to enter into any agreement for Blue Heron HealthPro for any specific period of time.

I authorize Blue Heron HealthPro to verify any information I have furnished in this application and to contact any references I have listed including former employers. I understand that the employer will not contact my present employer without my consent. I further authorize any educational facility, employer, or law enforcement and/or court, to permit Blue Heron HealthPro and its affiliates and/or representatives, to view copy, or be furnished with copies of all information requested for their screening of my employment application information.

In addition, I understand the following employment screening requirements listed below. The employment screening requirements have been established in conjunction with JCAHO, NYSDOH, CMS and the United States Department of Health and Human Services Office of the Inspector General (OIG), as well as other applicable regulatory agencies. These screening requirements must be completed prior to a job candidate commencing employment duties with Blue Heron HealthPro, LLC, or any of its' client Healthcare Organizations.

1. Mandatory for all employees, Regardless of Positions:

- Criminal Record Check (Applicants consent required)
- OIG Exclusion List Check (Federal Government Office of the Inspector General)
- Nurse Aide Registry Check (CNA State Registry)
- Comprehensive Medical Screening Exam (which may include blood and urine drug screening)*
- Completed I-9, United States Employment Eligibility Verification

2. Other Verifications/Screening pertinent to Specific Job/Position Requirements

- Professional License/Certification
- Education Verification
- Driving Record Check
- Employment History Verification
- Social Security Number Verification
- Security Officer Registry
- Bureau of Citizenship and Immigration Services (Formerly INS) Visa Compliance Verification (if applicable)
- NYS Central Register of Child Abuse and Maltreatment Clearance.

If discrepancies, falsifications, omissions or other adverse information is revealed during the screening process, the information will be reviewed and actions taken which may include, but a re not limited to termination of employment or revocation of the employment/position offer.

* Blue Heron HealthPro, L.L.C. (BHHP) does not require drug testing as a prerequisite for employment; however, some BHHP clients may require drug or other testing as a prerequisite for placing you at their facility. By accepting an offer of employment from BHHP, you acknowledge that refusal to agree to such tests and/or your failure of such tests may result in our inability to employ you, or your immediate termination of employment.

I affirm that I have read this completed application, and I have not withheld any information or response to any question and that the information I have furnished is true and correct. I understand that discovery of any misrepresentation or omission of facts herein can be grounds for my immediate dismissal regardless of when such misrepresentation(s) or omission(s) is discovered.

Signature of Applicant:

Date:

