

PERSONAL RECORD <i>(Please print or type)</i>					
FULL LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD					
OTHER NAMES USED IN EMPLOYMENT/EDUCATION			NAME YOU PREFERRED TO BE CALLED		
MAILING ADDRESS (P.O. BOX/STREET NO.)			CITY	STATE	ZIP CODE
HOME NO. ( )	MOBILE NO. ( )		EMAIL ADDRESS (IF ANY)		
POSITION/LOCATION	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP	AVAILABILITY TO BEGIN WORK	WILLING TO WORK VARIABLE SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW DID YOU LEARN ABOUT TAKECARE?			IF REFERRED, BY WHOM?		
DRIVER'S LICENSE #	DOB	MONTH	DAY	ONLY IF UNDER 18, YEAR OF BIRTH	
If hired, can you furnish proof that you are either a citizen of the United States or otherwise legally authorized to work indefinitely in the United States? <i>(TakeCare does not sponsor individuals towards achieving work authorization or provide practical training opportunities.)</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor or felony? If yes, give date, charge(s), arresting agency and find/penalty. <i>(A conviction will not necessarily disqualify you from employment.)</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied at TakeCare or its family of companies? If yes, when?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by TakeCare or its family of companies? If yes, when, what company, and what was your title?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you related to anyone currently employed by TakeCare? If yes, please provide name, relationship and department below:					<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYEE NAME		DEPARTMENT		RELATIONSHIP	

EDUCATIONAL RECORD			
NAME OF EDUCATIONAL INSTITUTE	LOCATION (CITY/STATE)	COURSE OF STUDY	DEGREE/DIPLOMA
HIGH SCHOOL/GED			
COLLEGE			
COLLEGE			
GRADUATE SCHOOL			
PROFESSIONAL/TECHNICAL SCHOOL			

PROFESSIONAL LICENSES/CERTIFICATES	NUMBER	STATE	EXPIRATION DATE

Have you ever had a professional license or certification suspended, restricted, revoked or not renewed for cause?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been barred from conducting business or professional activities in any jurisdiction? <i>If you answered "yes" to either or both of these questions, please attach a detailed explanation of circumstances.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT NAME
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<b>SPECIAL SKILLS</b>
List all skills which demonstrate your qualifications for employment. Please include computer application skills and proficiency level.

<b>EMPLOYMENT HISTORY</b>									
Please thoroughly provide information of the positions you have held in the past seven (7) years beginning with the most recent. You may add additional pages if necessary.									
ARE YOU CURRENTLY EMPLOYED?			<input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR CURRENT EMPLOYER?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>1</b>	CURRENT OR MOST RECENT EMPLOYER				DEPARTMENT		TELEPHONE (    )		
	STREET OR MAILING ADDRESS				CITY		STATE	ZIP CODE	
	<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME HOURS PER WEEK:		
	BEGINNING TITLE				ENDING TITLE				
	IMMEDIATE SUPERVISOR					CURRENT TELEPHONE NUMBER (    )			
	REASON FOR LEAVING								

<b>2</b>	PREVIOUS EMPLOYER				DEPARTMENT		TELEPHONE (    )		
	STREET OR MAILING ADDRESS				CITY		STATE	ZIP CODE	
	<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME HOURS PER WEEK:		
	BEGINNING TITLE				ENDING TITLE				
	IMMEDIATE SUPERVISOR					CURRENT TELEPHONE NUMBER (    )			
	REASON FOR LEAVING								

<b>3</b>	PREVIOUS EMPLOYER				DEPARTMENT		TELEPHONE (    )		
	STREET OR MAILING ADDRESS				CITY		STATE	ZIP CODE	
	<b>EMPLOYMENT DATES</b>	FROM	TO	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME HOURS PER WEEK:		
	BEGINNING TITLE				ENDING TITLE				
	IMMEDIATE SUPERVISOR					CURRENT TELEPHONE NUMBER (    )			
	REASON FOR LEAVING								

APPLICANT NAME
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<b>4</b>	PREVIOUS EMPLOYER	DEPARTMENT	TELEPHONE (     )
	STREET OR MAILING ADDRESS	CITY	STATE    ZIP CODE
	<b>EMPLOYMENT DATES</b>	FROM	TO
	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$
		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME HOURS PER WEEK:	
	BEGINNING TITLE	ENDING TITLE	
	IMMEDIATE SUPERVISOR		CURRENT TELEPHONE NUMBER (     )
	REASON FOR LEAVING		

<b>5</b>	PREVIOUS EMPLOYER	DEPARTMENT	TELEPHONE (     )
	STREET OR MAILING ADDRESS	CITY	STATE    ZIP CODE
	<b>EMPLOYMENT DATES</b>	FROM	TO
	<b>SALARY (PER HOUR)</b>	STARTING \$	ENDING \$
		<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME HOURS PER WEEK:	
	BEGINNING TITLE	ENDING TITLE	
	IMMEDIATE SUPERVISOR		CURRENT TELEPHONE NUMBER (     )
	REASON FOR LEAVING		

**TakeCare embraces diversity.**

In making employment decisions, including hiring and promoting, TakeCare and its family of companies is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, ancestry, disability, medical condition, pregnancy, veteran status, or any other consideration made unlawful by federal, state, or local laws.

**TakeCare maintains a drug-free and smoke-free environment.**

To meet the spirit and intent of the Drug-Free Workplace Act of 1988, TakeCare and its family of companies may require candidates who receive job offers to pass a drug screen, and, when applicable, a physical examination prior to their start date. All TakeCare buildings are designated as non-smoking areas.

**I certify, by my signature below, that I have been truthful on this application.**

I understand that if I provide any misleading or false statements, verbally or in writing, this action will render my candidate status as ineligible for employment or, if employed, may be cause for immediate termination. In the event I become employed, I agree to conform to all employee rules and regulations. I further understand that TakeCare and ifs family of companies is an "at will" employer, meaning that (1) the Company and I have the option to terminate my employment at any time, for any reason, with or without cause, and with or without prior notice, and (2) the Company may change my position, title, pay, benefits, and other terms and conditions of employment at will, at any time, for any reason, with or without cause, and with or without prior notice. I also agree that any dispute arising as a result of employment is to be resolved through binding arbitration to the extent permitted by law.

SIGNATURE	DATE OF SIGNATURE
PRINT OR TYPE FULL LEGAL NAME	



# Employment Application

## CONSUMER INFORMATION AUTHORIZATION

(Note to applicant: Initial each section of this form to indicate that you have read each statement.)

APPLICANT'S NAME (PRINT OR TYPE)	SOCIAL SECURITY NUMBER
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### 1. Acknowledgement, Authorization, and Waiver

I release the Company and its partners, stockholders, officers, directors, agents, employees, and affiliates from any and all liability for damages of whatever kind which may arise from or which may be related to any "investigative report" or other background information requested, obtained, or used by the Company, including but not limited to reference and employment information checks, verification of educational history and professional licenses and certifications, social security number verifications, motor vehicle records, and credit checks.

If hired, I further acknowledge that this authorization shall remain on file and shall serve as an ongoing authorization for TakeCare to procure investigative reports at any time during my employment period.

PLEASE INITIAL: \_\_\_\_\_

### 2. Release of Criminal Background Check

I hereby authorize TakeCare, to the extent permitted by law, to request, obtain, and examine any and all records that may relate to my conviction and/or imprisonment at any time prior to this date for any felony misdemeanor; and I expressly release and hold harmless any part providing the aforementioned criminal information requested by TakeCare.

PLEASE INITIAL: \_\_\_\_\_

### 3. Release of Employment Testing and Post-Employment Investigation Results

I hereby authorize TakeCare, to request, obtain, and examine any and all results of employment interviews, skills and assessments, and other similar test results, as well as the results of post-employment investigations of employment complaints and similar investigations.

PLEASE INITIAL: \_\_\_\_\_

### 4. Release of Post-Employment Offer Drug Screen/Physical Results

I hereby authorize TakeCare, to request, obtain, and examine any and all results of my post-offer drug screen and/or physical and do release and hold harmless any party providing such information to TakeCare. I understand that TakeCare may require candidates who receive job offers to pass a drug screen and, when applicable, a physical examination prior to their start date. A urine specimen will be collected at a site selected by the company and tested for drugs at a DHHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the Company. If the drug test is negative, the MRO will report the test result to the Company. I will be given an opportunity to discuss a positive laboratory test with the MRO before the drug test is reported to the Company as a verified positive. Test results may be released within the Company on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I hereby agree to voluntarily submit to a drug test and further understand that if said test is verified/confirmed as a positive drug test, I will be considered unqualified for employment with the Company.

PLEASE INITIAL: \_\_\_\_\_

I authorize TakeCare to request, obtain, and examine all of the information requested on this Consumer Information Authorization.

SIGNATURE	DATE OF SIGNATURE
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**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which and individual applies. Completion of this survey form is voluntary. The information requested on this sheet is for data purposes only in compliance with various federal and state laws and regulations (e.g. Executive Order 11246, Sections 503 and 504 of the Rehabilitation Act of 1973, Section 2012 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974) and their record keeping requirements. The Company believes that all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment on the basis of race, color, religion, sex, sexual orientation, marital status, age, national origin, ancestry, disability, medical condition, pregnancy, veteran status, or any other consideration made unlawful by federal, state, or local laws.

NAME		TODAY'S DATE	
POSITION APPLIED FOR	SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
CITY		STATE	

RACE/ETHNIC DATA						
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander / Native Hawaiian	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> I do not wish to answer

**Explanation of Categories**

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: 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: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

<p><b>Notice to all applicants:</b> Police and Court Clearances are required after offer of employment. Both Clearances must be up to date within the past 60 days of offer date.</p>
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