



COMPASS HEALTH, INC. EMPLOYMENT APPLICATION

Your request for employment with a Compass Health, Inc. facility requires a pre-employment background check and if employment is offered, a physical screening.

AS AN EQUAL OPPORTUNITY EMPLOYER, Compass Health abides by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, gender identity, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics (except where a reasonable accommodation for disabled and handicapped employees is not possible).

All questions must be answered carefully and completely. If you have a resume, you may attach it, but you **MUST** fill in the required information on the application form.

PLEASE TYPE OR PRINT

Name (Last/First/Middle)	Today's Date
Driver's license #	State
Social Security No.	
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name
Address	Phone No.
City	State/Zip
Message Phone No.	

EMPLOYMENT DESIRED

Position desired	Salary desired
Check type of employed desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call	
If not full time, days available <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
What date would you be available to start work?	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA

Have you ever applied to or been employed by Compass Health, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates _____ Facility _____
Do you have any relatives or friends working for Compass Health, Inc., facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name(s) and relationship _____ Facility _____
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state nature of crime(s), when, and where convicted and disposition of the case
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch
Was separation an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe circumstances of discharge
Military Training

EMPLOYMENT EXPERIENCE

Start with your most recent job. Feel free to attach additional pages if necessary. You must complete this section even if attaching a resume. Dates of employment must be stated in months and years. Account for all periods of unemployment.

Employer	Dates Employed		Work Performed
	From	To	Supervisor: _____
Address			
Phone No.	Rate of Pay		
Job title	Starting	Final	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	Supervisor: _____
Address			
Phone No.	Rate of Pay		
Job title	Starting	Final	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	Supervisor: _____
Address			
Phone No.	Rate of Pay		
Job title	Starting	Final	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	Supervisor: _____
Address			
Phone No.	Rate of Pay		
Job title	Starting	Final	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	Supervisor: _____
Address			
Phone No.	Rate of Pay		
Job title	Starting	Final	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			

EDUCATION AND TRAINING

	Name and Location of School (Provide full name of schools, not initials)	Name and Date of Degree Earned	Major and Minor Fields of Study
High School or Trade School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Tech/ Voc. School			
College(s)			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Office equipment
Computer software
Other

PROFESSIONAL REFERENCES

List three people you have worked with for at least one year.

Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted
Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted
Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted

APPLICANT'S CERTIFICATION AND AUTHORIZATION

Read carefully. Initial each paragraph and sign and date below. If you have any questions regarding the following statements, please ask for assistance.

	I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment with Compass Health, Inc. and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of fact on this application or any documents 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.
	I hereby authorize Compass Health, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, 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.
	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 me and Compass Health, Inc. 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 Compass Health, Inc., 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 Compass Health Inc.'s designated representative.

I HAVE READ AND UNDERSTAND THE ABOVE:

Applicant's Signature

Date



COMPASS HEALTH BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize _____ or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

First Name: _____ Middle Name: _____ LAST NAME: _____

SSN: _____ - _____ - _____ Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ *Gender: Male Female

Driver's License#: _____ State: _____ *DOB: ____/____/____
*DOB & Gender is only used for identification purposes in screening inquiries

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____
from to

Street Address _____ City _____ State _____ Zip _____ DATES: _____ - _____
from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____ DATE: ____/____/____

If you are a resident of **California, Minnesota, New York, Oklahoma** or **Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:
 YES - please provide report copy in accordance with applicable law- _____ (please initial)

FOR COMPANY OFFICE USE ONLY

PLEASE LOG IN TO WWW.SINGLESOURCESERVICES.COM TO ENTER SUBJECT FOR SCREENING(S). SINGLESOURCE SERVICES 1-800-713-3412

CLIENT REFERENCE: _____ DATE REQUESTED: _____



SPECIAL CONCERNS REGARDING REFERENCES AND BACKGROUND INVESTIGATION

Please Read The Instruction At The Bottom Of This Form Before Deciding Whether To Complete It
I have the following special concerns and/or comments about potentially negative references or
information that may be revealed through Compass Health, Inc.'s background investigation regarding:

Previous employment Information

Educational information

Personal references

Licensing or certification information

Criminal records (Do not provide information about arrests for criminal offenses unless you were
convicted. Do not provide information about marijuana-related convictions more than two years old.)

Other

My concerns or comments about potentially negative references or information **relevant to my
potential employment** are:

SIGNATURE

DATE

*Do not provide personal information that is not clearly relevant to your potential employment. If you
have questions about whether the information is relevant, please contact the Human Resources
Representative and ask whether you should provide information on the general topic of concern,
without revealing any specifics.

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

AVISO:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

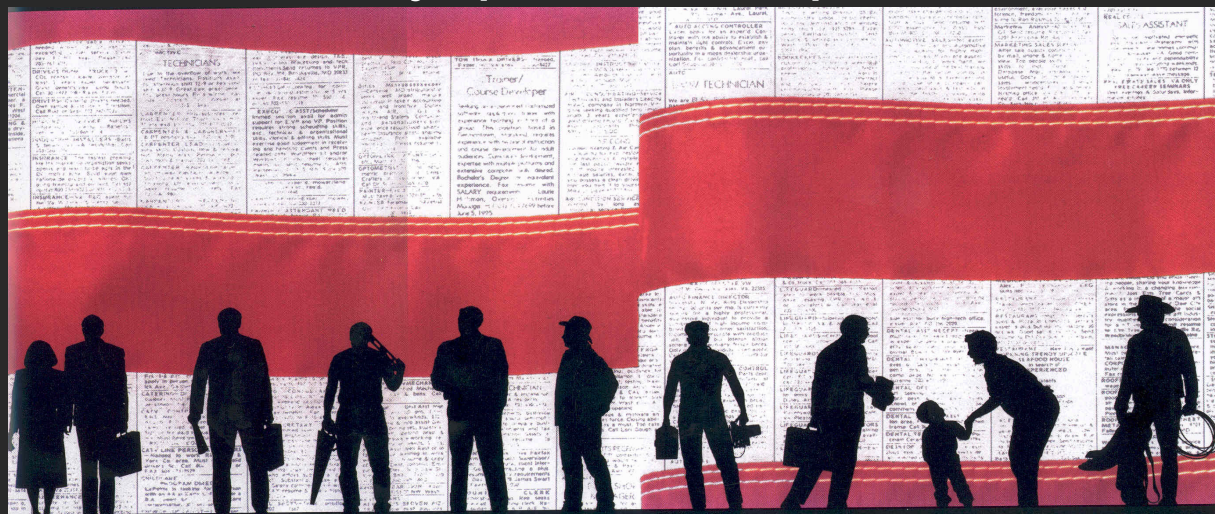
Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688.

La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al 202-616-5594, o al 202-616-5525 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

**Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles**

Oficina del Consejero Especial

