

COLLIER HEALTH SERVICES, INC.

APPLICATION FOR EMPLOYMENT

Position Applied for _____ Date _____

COLLIER HEALTH SERVICES, INC. ("CHSI") considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, CHSI complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. CHSI also provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

Name Social Security Number

Current Address Street City State Zip Code

Apartment No. Telephone No. Referred by

Are you over age 18? Yes No. If not, state your age _____

If under 18, do you have working papers? Yes No

Do you want to work Full Time Part Time. If part time, specify days and hours:

Are you willing to work overtime as necessary? Yes No.

Date you can start: _____ Salary desired: _____

Have you ever been employed by us? Yes No

If yes, when? _____ At what location? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No. If yes, please explain:

Have you ever been convicted of a crime?* Yes No. If yes, state nature of offense, when, where, and disposition.

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, CHSI will verify the status of every individual offered employment with CHSI. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you currently authorized to work for all employers in the United States on a full-time basis or only for your current employer? All employers Current employer only
 State name of any relative in our employ _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Number Years Completed	Did You Graduate?	Diploma or Degree Received

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No. List duties in the Service, including special training, that is relevant to the position for which you have applied. _____

LANGUAGE SKILLS

Do you speak or write in a language other than English? _____
 Language spoken _____ Language written _____

SKILLS (that you believe are related to the job for which you are applying)

Shorthand _____ w.p.m. Typing _____ w.p.m.

Other office equipment _____

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our company?

PRIOR WORK HISTORY (List in order with current or last employer first.) Account for your entire employment history and for any gaps in your employment.

Dates From To	Name, Address and Telephone Number of Employer	Rate of Pay Start Finish	Supervisor's Name/Title	Reason for Leaving

Describe in detail the work you performed

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(If you need more room to complete your prior work history, use additional sheets of paper.)

PERSONAL REFERENCES (excluding relatives)

Name and Occupation	Dates Known	Address	Telephone
1.			
2.			
3.			

PREEMPLOYMENT STATEMENT

(PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW)

I understand and voluntarily agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews can be justification for refusal of employment, or, if employed, termination from CHSI's employ.

2. Any offer of employment I may receive from CHSI is contingent upon my successful completion of the CHSI's total preemployment screening process, including CHSI's receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer preemployment physical examination that CHSI may require.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of CHSI.*

4. In processing my application for employment, CHSI may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to CHSI, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.**

5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of CHSI and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either CHSI or me. I further understand that no manager or representative of CHSI, other than the President, General Counsel, or Vice President has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any CHSI policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature _____ Date _____

* Employers should note that state and local laws vary with respect to the right of an employer to conduct random drug tests on employees. In this connection, check with employment law counsel before engaging in such testing.

** Certain state fair credit reporting acts are more stringent than the federal act. Employers who use consumer or investigative reports in the employment process should consult with counsel about state requirements.