



**Collier Health Services, Inc.**  
**APPLICATION FOR EMPLOYMENT**

**Application Instructions**

**How to Apply:** Please complete this application in its entirety. A resume may be attached as a supplement, but not as a substitute. Please review the minimum qualifications listed on the job posting (available on our website, [www.collier.org/employment](http://www.collier.org/employment)) to ensure that you qualify for the position.

You may deliver the application a) directly to the Human Resources Department at Marion E. Fether Medical Center in Immokalee, or b) to the CHS facility which has the opening. They will forward your application to the Human Resources Department for processing. Alternately, you may send it by email or website.

**How You Are Contacted for an Interview:** Due to the volume of applications received for each opening, we regret that we are unable to grant each applicant a personal interview. You will be contacted within three weeks of receipt if selected to move forward in our selection process.

**Verification of Employment Eligibility - The I-9 Process:** The Federal government requires that US employers verify the identity of employment eligibility of all prospective employees. If offered employment, you must submit the documents demonstrating ID and employment authorization. Appropriate documentation is a condition of employment.

**Social Security Cards:** The IRS requires that individuals be hired under the name listed on their social security card. Due to this regulation, you will be asked to show your original social security card to the Human Resources Department so they may verify that your legal name and social security number match those listed on the application.

**Positions Requiring Licensure or Certification:** **Candidates must attach a photocopy of any relevant license or certificate to this application for the application to be considered complete.** Candidates must present original licenses and/or certificates (no photocopies) for verification prior to work. All relevant state licenses are subject to verification through the state board.

**Background Check/Drug Screening:** Our Company completes a background check and drug screening prior to extending any offer and/or as a condition of continued employment. In accordance with the Fair Credit Reporting Act, a release form (for those positions applicable) is attached to the application and must be completed in full and signed in order to have your application be considered for employment.

**Health Assessment:** All conditional offers of employment are contingent upon completion of a Medical Questionnaire. Should a health assessment (through your physician) be requested to ensure that known health issues will not put you at risk in a specific position, it will be confidential and maintained in a separate medical file.

*Thank you for your interest in employment with CHS Healthcare*

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Comprehensive • Compassionate  
Accredited • Accessible

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**APPLICATION FOR EMPLOYMENT**

**COLLIER HEALTH SERVICES, INC. (CHS Healthcare)** is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/ National Guard, or any other similarly protected status 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.

<b>Date of Application</b>	<b>Position Applied For</b>	<b>Position #</b>	
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**PERSONAL INFORMATION – Please print clearly**

Last Name		First Name		Middle Name	
Present Street Address			City	State	Zip Code
Apartment #	Home Phone (area code)	Cell Phone (area code)	Work Phone (area code)	Email Address	

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: \_\_\_\_\_ Specify Hours: \_\_\_\_\_  
 Are you willing to work overtime as necessary?  Yes  No

Salary Desired	Date you are available to start
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Have you ever been employed by us?  Yes  No  
 If yes, when? \_\_\_\_\_ At what location? \_\_\_\_\_  
 Do you have any relatives presently working for this company?  Yes  No  
 If yes, what is/are their name(s) \_\_\_\_\_ and relationship \_\_\_\_\_  
 \_\_\_\_\_ name \_\_\_\_\_ and relationship \_\_\_\_\_

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

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

\*A conviction record will not necessarily be a bar to employment. This information will be weighed only against the requirements for the position for which you are applying, and only to the extent permitted by 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, CHS Healthcare will verify the status of every individual offered employment with CHS Healthcare. All offers of employment are subject to verification of the applicant's identity and employment authorization; 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

**RECORD OF EDUCATION**

Name and Address of School	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces?  Yes     No.

If yes, list duties in the Service, including special training, that are relevant to the position for which you are applying:

**KNOWLEDGE, SKILLS and ABILITIES – related to the job for which you are applying**

Do you speak or write in a language other than English?  Yes     No

Language(s) spoken: \_\_\_\_\_ Language(s) written: \_\_\_\_\_

What equipment can you operate related to this position?

What computer skills or experience do you have related to this position?

With which Microsoft programs do you have experience?  Office     Excel     Outlook

Indicate or list medical management or clinical applications with which you have had experience:

Centricity     Dentrax     Medical Manager    Other: \_\_\_\_\_

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

Licenses or Certifications	License/Certificate #	Issuing Body	Expiration Date

**WORK HISTORY – List your current or most recent employer first and list backward**

**Your Name When Employed**

Company Name	Street Address, City, State, Zip	Dates (Mo/Yr)		Rate of Pay	
		Start	End	Start	End
Your Position	Supervisor's Name/Title	Phone (area code)		Fax (area code)	

Describe in Detail Your Duties

Reason for Leaving

<b>Your Name When Employed</b>					
<b>Company Name</b>	<b>Street Address, City, State, Zip</b>	<b>Dates (Mo/Yr)</b>		<b>Rate of Pay</b>	
		<b>Start</b>	<b>End</b>	<b>Start</b>	<b>End</b>
<b>Your Position</b>	<b>Supervisor's Name/Title</b>	<b>Phone (area code)</b>		<b>Fax (area code)</b>	
<b>Describe in Detail Your Duties</b>					
<b>Reason for Leaving</b>					

<b>Your Name When Employed</b>					
<b>Company Name</b>	<b>Street Address, City, State, Zip</b>	<b>Dates (Mo/Yr)</b>		<b>Rate of Pay</b>	
		<b>Start</b>	<b>End</b>	<b>Start</b>	<b>End</b>
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<b>Describe in Detail Your Duties</b>					
<b>Reason for Leaving</b>					

<b>Your Name When Employed</b>					
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		<b>Start</b>	<b>End</b>	<b>Start</b>	<b>End</b>
<b>Your Position</b>	<b>Supervisor's Name/Title</b>	<b>Phone (area code)</b>		<b>Fax (area code)</b>	
<b>Describe in Detail Your Duties</b>					
<b>Reason for Leaving</b>					

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

<b>Explain all gaps in your employment of one month or more:</b>		
<b>Dates</b>		<b>Reason for Unemployment</b>
<b>From</b>	<b>To</b>	

**PROFESSIONAL REFERENCES**

<b>Name and Occupation</b>	<b>Dates Known</b>	<b>Address</b>	<b>Phone (area code)</b>	<b>Fax (area code)</b>
1.				
2.				
3.				

**PRE-EMPLOYMENT STATEMENT**

**PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW. These statements include conditions under which you might be employed by Collier Health Services, Inc. (D/B/A CHS Healthcare)**

**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 and subject to validation by CHS Healthcare. 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 CHS Healthcare's employ.

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

3. CHS Healthcare conducts business with the highest possible degree of safety and efficiency. Because of this, CHS Healthcare may require drug and/or alcohol screenings of employment applicants and/or employees. 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 CHS Healthcare. I further agree to hold CHS Healthcare harmless from any claims resulting from such screening and testing for drug/alcohol use.

4. In processing my application for employment, CHS Healthcare 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 CHS Healthcare, within a reasonable time from the date of this application, 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 CHS Healthcare. I understand the contents of any employee handbook or personnel manuals, as well as CHS Healthcare policies and practices, are subject to change or modifications by CHS Healthcare, solely at its discretion, without notice.

7. I understand that while CHS Healthcare makes every effort to provide steady, continuous employment, it cannot guarantee the permanence of positions. I understand that if hired, my employment with CHS Healthcare is for no specific period and that my employment and compensation can be terminated with or without cause or notice, at any time, by me or CHS Healthcare. I further understand that no manager or representative of CHS Healthcare, 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 CHS Healthcare 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.

8. I understand that CHS Healthcare complies with the Americans with Disabilities Act of 1990 and ADA Amendments Act of 2008. If granted interview(s), I may be asked questions concerning my ability to perform job-related functions. If I am given a conditional offer of employment, I may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. I understand that all health and medical-related information will be kept confidential and in separate files.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**BACKGROUND CHECK  
NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by an outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by an outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<b>PRINT FIRST NAME:</b>	<b>PRINT MIDDLE NAME:</b>	<b>PRINT LAST NAME:</b>
<b>OTHER NAMES I HAVE BEEN KNOWN BY (including maiden name):</b>		
<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH: (for background purposes only)</b>	
<b>DRIVERS LICENSE NUMBER (or Identification Number if no Drivers License):</b>		<b>STATE:</b>
<b>CURRENT STREET ADDRESS, CITY, STATE, ZIP</b>		<b>HOW LONG AT THIS ADDRESS?</b>
<b>LIST PREVIOUS STREET ADDRESSES, CITY, STATE, ZIP (LAST 7 YEARS):</b>		<b>HOW LONG AT THIS ADDRESS?</b>
<b>PREVIOUS STREET ADDRESS, CITY, STATE, ZIP:</b>		<b>HOW LONG AT THIS ADDRESS?</b>
<b>PREVIOUS STREET ADDRESS, CITY, STATE, ZIP:</b>		<b>HOW LONG AT THIS ADDRESS?</b>
I verify that the above information is true and complete to the best of my knowledge. <b>SIGNATURE OF EMPLOYEE OR PROSPECTIVE EMPLOYEE:</b>		<b>DATE:</b>

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, (*para información en español, visite*), go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to (*o escribe a la*): Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or [www.optoutprescreen.com](http://www.optoutprescreen.com).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law.** For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 205801-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



**Collier Health Services, Inc.**

**AUXILIARY REFERENCE FORM**

**To the candidate applying for employment with Collier Health Services:** Please sign a copy of this form to be completed by 3 of your previous employers listed on this application. If 3 previous employers are not available, CHS Healthcare will contact professional references. **Three copies of this form must be signed and returned with your Application for Employment.** Human Resources will fax (if available) or mail this form to the employers/references indicated. Only forms sent from Human Resources will be acceptable and valid references.

By my signature below, I authorize Collier Health Services Inc. (CHS Healthcare) to contact this reference. I hereby authorize all persons, schools, companies, corporations, and law enforcement agencies to release any information contained in my employment records, school records, and Worker's Compensation records to CHS Healthcare. I release them from any liability and responsibility arising from the release of information. I agree that a true copy of this authorization be accepted with the same authority as the original.

Applicant Signature	Date
---------------------	------

**FOR HR USE ONLY – FAX OR MAIL TO:**

<b>RETURN</b> <b>TO: Collier Health Services, Inc. (CHS Healthcare)</b> <b>Attn: Human Resources</b> <b>1454 Madison Avenue</b> <b>Immokalee, FL 34142</b> <b>Confidential Fax: 239-658-3078</b>	Applicant Name (Please Print)
	(If different, Applicant Name during employment/school)
	Position Applied for
	Social Security Number

**APPLICANT MUST NOT WRITE BELOW THIS LINE**

Between what dates have you known the applicant's work? From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_

What position did the applicant hold and at what organization or school?  
 Position \_\_\_\_\_ Organization or School \_\_\_\_\_

Indicate your rating of the Applicant's qualities below with a check mark.

	Exceeds Expectations	Meets Expectations Fully	Below Expectations	Unknown
Personal Characteristics				
Interpersonal Skills				
Trustworthiness				
Dependability				
Aptitude for Learning				
Conscientiousness				
Attitude				

If considering this person for a position, would you:  
 Hire without looking further     Consider strongly, but look at additional applicants     Not consider for employment

Please add any comments that might help us evaluate this applicant (Use additional page if necessary):

Your Name	Your Position
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Signature	Date
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