



APPLICATION FOR EMPLOYMENT

As part of the application process **Integrity Transitional Hospital** may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person’s race, color, creed, national origin, religion, age (over 40), sex, martial status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK

Today’s Date		
Name	Social Security Number	
Address	How long?	
City, State and Zip		
Daytime Telephone	Home Telephone	Email address
Position for which you are applying	Check the following options you would consider	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
If part time, specify hours and days	What is your minimum salary requirement?	
Do you have any commitments to another employer that might affect your employment with us? If yes, please explain.	Date available for work	

EDUCATION & TRAINING

	School Name	City and State	Degree/Diploma Major Course of Study	Degree Received?	Date
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other education, training, special skills or certificates/licenses that you possess related to the job.

INTEGRITY TRANSITIONAL HOSPITAL

Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any language that you speak fluently:

Read/Write:

Do you have a valid driver's license in this state? Yes No

Drivers license number:

Military Experience Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you after employment, submit verification of your legal right to work in the United States? Yes No

Are you 18 years old or over? Yes No If under 18, state age _____

Were you previously employed by **Integrity Transitional Hospital**? Yes No If Yes, give dates _____

List any relatives working for **Integrity Transitional Hospital**:

How did you hear about **Integrity Transitional Hospital**? _____

Referred by: _____

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job? Yes No

If Yes, explain: _____

EMPLOYMENT HISTORY

APPLICANT NAME _____

List all work experience, beginning with the present or most recent job (use back of application, if necessary)

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

EMPLOYMENT HISTORY

APPLICANT NAME _____

List all work experience, beginning with the present or most recent job (use back of application, if necessary)

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

Name of employer	Type of business
Address	City State Zip Code
Dates Employed From (month/year) -To (month/year)	Title
Name and Title of Supervisor	Telephone Number
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Brief Description of Duties	
Reason for leaving	Last Salary \$

BUSINESS REFERENCES

APPLICANT NAME _____

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	TELEPHONE NUMBER
1.		
2.		
3.		

Person to be notified in case of emergency:

Name	Telephone Number
Address	

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities; honors received, etc. (You may omit all information that would indicate age, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first offender law.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.)

Yes No

If Yes, explain:

Have you been convicted of a crime (exclude minor traffic cases; include DUI's)?

Yes No

If Yes, describe:

Are criminal charges now pending against you?

Yes No

If Yes, describe:

AGREEMENT (Please read the following statement carefully and initial after each statement.)

APPLICANT NAME _____

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. _____

I authorize all persons listed above (and on the accompanying resume, if any) to give **ITH** any and all information concerning my previous employment and education and any pertinent information that may have, personal or otherwise, and releases all parties, such persons and **ITH** , from liability for any damage that may result from furnishing same to **ITH**._____

I understand that **ITH** and its client have agreed that **ITH** will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under **ITH** workers' compensation insurance policy. _____

If employed by **ITH**, I agree to abide by the policies and procedures of **ITH** which includes Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time. _____

I understand that **ITH** may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by **ITH** as part of the pre-employment background investigation and if hired, at any time during my employment._____

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to **ITH** for its use. I understand that any positive drug or alcohol result may preclude my employment._____

Signature

Date

INVESTIGATIVE CONSUMER REPORT AND CONSUMER REPORT DISCLOSURE & CONSENT FORM

Company Name: Integrity Transitional Hospital (“Requesting Entity”)

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with **Integrity Transitional Hospital** you may have, investigative consumer reports and consumer reports, which may contain public record information, may be requested from Promesa Enterprises, Inc. dba Integrated Screening Partners (ISP) These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, criminal information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP such as previous driving record requests made by others from such state agencies or previous drug/alcohol tests and the results of such tests. Such reports may also contain medical information relevant to process or effect the employment.

You have the right to receive, upon your written request within a reasonable period of time a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: Integrated Screening Partners Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize and instruct ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the Requesting Entity including relevant medical information, for the purpose of making a determination as to my eligibility for initial or continued employment (or contract for services), promotion, reassignment, retention or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

I hereby fully release and discharge ISP, the Requesting Entity, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Today’s Date _____ Signature _____ Social Security Number: _____ - _____ - _____

Print your full name _____ Date of Birth: _____

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.

Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP in person, by mail, or by telephone. ISP may be contacted by mail at ISP Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only) Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

SUMMARY OF RIGHTS UNDER FCRA

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, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

1. **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.
2. **You can find out 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 identify 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 for additional information.
3. **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness 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.
4. **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 for an explanation of dispute procedures.
5. **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.
6. **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.
7. **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.
8. **You must give your consent for reports to be provided to employers, or reports that contain medical information.** 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. A consumer reporting agency must have your consent to give out medical information about you. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
9. **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)-567-8688.
10. **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.
11. **Identity theft victims and active military personnel have additional rights.** For more information, visit 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 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initial “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