



Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Title of Position Applying For		Date Available to Work	
Have you been previously interviewed or employed by COJSI or Partners Surgical Management Company or PSC Healthcare Management Company (collectively referred to as "Partners Surgical") ____Yes ____No If Yes, list date(s) and job title(s):			
Were you referred by a COJSSI or Partners Surgical employee? ____Yes ____No If Yes, please list employee name:			
Are you employed now?		If so, may we contact your present employer?	

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
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Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to provide proof of authorization to work in the United States, have a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

DISCLOSURE AND RELEASE FORM

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information, may be requested from a consumer reporting agent ("CRA"). These reports may include the following types of information: names and dates of previous employers, work experiences, etc. I future understand that such reports may contain public record information regarding my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and any other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTRACTED BY COMPANY OR THE CRA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me preceding my request. I hereby consent to your obtaining the above information from the CRA, and agree that such information, which the CRA has or obtains, and my employment history with you if I am hired, will be supplied by the CRA to other companies, which subscribe to the CRA's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period

APPLICANT:

Print Name: _____

Signature: _____ Date: _____

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Company in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____

EXCLUSION CHECK FORM

It is the policy of the Company not to employ, contract with or otherwise do business with any individual or entity excluded from participation in federally sponsored healthcare programs, such as Medicare and Medicaid. See link to the HHS Office of Inspector General Exclusion Program for further explanation (<http://oig/hhs.gov/fraud/exclusions.asp>).

Exclusion Check. An Exclusion Check is a search of (1) the U.S. Department of Health and Human Services, Office of Inspector General (“OIG”)’s List of Excluded Individuals/Entities (available on the OIG website at <http://exclusions.oig.hhs.gov/>) and (2) any applicable state list of restricted and excluded providers to determine if an individual or entity’s name appears on any of these lists.

Ineligible Person. For purpose of this Policy, an Ineligible Person is an individual or entity that is listed on the OIG’s List of Excluded Individuals/Entities or any applicable state’s list of restricted and excluded providers.

To assure compliance with this policy, Company requests all new hires to undergo exclusion verification. The exclusion verification will be conducted on an annual basis for all employees to assure continued eligibility.

In addition, the Company shall maintain supporting documentation for its exclusion checks and produce copies of such documentation to the HHS Office of Inspector General Exclusion program upon request.

Your signature below verifies your knowledge of this background screen.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____