



EMPLOYMENT APPLICATION

Revised 2006-03

As an Equal Opportunity / Affirmative Action Employer, CHG Cornerstone Healthcare Group, L.P. and its affiliates, does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, disability or on any other basis prohibited by law including but not limited to disabled veteran and/or veteran of the Vietnam era.

FOR INTERNAL USE ONLY	
<input type="checkbox"/> No Opening in Job Classification	<input type="checkbox"/> Applicant rejected offer
<input type="checkbox"/> Applicant took other job	<input type="checkbox"/> Found Unqualified
<input type="checkbox"/> Unable to contact	<input type="checkbox"/> Hired

PERSONAL INFORMATION			
Date		Social Security Number	
Name (Last)		(First)	(Middle)
Current Address			Phone Number ()
City	State	ZIP Code	Country

POSITION DESIRED			
Position Applied For		<input type="checkbox"/> Fulltime	<input type="checkbox"/> Temporary
		<input type="checkbox"/> Parttime	<input type="checkbox"/> Casual/PRN
Salary Expected		Date Available to Start	
<input type="checkbox"/> per Hour <input type="checkbox"/> per Year (check one)			
		Shift Preference	
		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Any	
Have you ever worked for this Company?		If Yes, When and Where?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to this Company?		If Yes, When and Where?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives who work for the Company?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please Identify:			
Do you have a valid driver's license (only for jobs where driving a vehicle is an essential function)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of or plead guilty or no contest to a crime (felony or misdemeanor) other than a minor traffic violation? If so, please explain. For purposes of employment with the Company, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
How did you hear about us?			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Job Fair	<input type="checkbox"/> CNA Program	Please indicate Employee Name/Other:
<input type="checkbox"/> Internet Ad	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Monster.com	
<input type="checkbox"/> Placement Agency	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee Referral	
<input type="checkbox"/> School Recruiting	<input type="checkbox"/> Open House	<input type="checkbox"/> Other	

WORK AUTHORIZATION
Are you legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO COMPLY WITH THE IMMIGRATION REFORM AND CONTROL ACT, IF YOU ARE HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTS TO ESTABLISH YOUR IDENTITY AND YOUR AUTHORIZATION TO WORK IN THE USA. SUCH DOCUMENTS WILL BE REQUIRED WITHIN THE FIRST THREE (3) BUSINESS DAYS FOLLOWING YOUR HIRE, OR UPON YOUR FIRST WORK DAY IF YOUR EMPLOYMENT WILL BE LESS THAN THREE (3) DAYS.

RECORD OF EDUCATION							
Name and Address of School(s)		Dates Attended		Graduated		Type of Degree/Diploma Received or Expected	Major / Minor Fields of Study
		From Optional	To Optional	Yes	No		
High School (last attended)				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Colleges & Universities				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
Other: Business Technical Secretarial Etc...				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

PLEASE LIST ANY PROFESSIONAL AFFILIATIONS OR ACCREDITATIONS THAT HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING.

INCLUDE ALL LICENSES AND CERTIFICATIONS:

HAVE YOU EVER HAD YOUR PROFESSIONAL LICENSE OR CERTIFICATION SUSPENDED, REVOKED, OR RESTRICTED? Yes No

IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY SPECIAL SKILLS OR ABILITIES THAT DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?

PLEASE LIST:

This application shall only remain active for 60 days. After 60 days, if you are still interested in employment at this Company, you must fill-out a new application.

I hereby do certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire or termination of employment.

I give the Employer the right to investigate all references, to contact all prior employers and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I agree to immediately notify the Company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime involving dishonesty, breach of trust or injury to a person, while my application is pending or during my employment if hired.

REFERENCES (Name, City, State)	Phone Number	Reference Type:
1.	()	<input type="checkbox"/> Personal <input type="checkbox"/> Business
2.	()	<input type="checkbox"/> Personal <input type="checkbox"/> Business
3.	()	<input type="checkbox"/> Personal <input type="checkbox"/> Business
4.	()	<input type="checkbox"/> Personal <input type="checkbox"/> Business

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contact between this Company and me for either employment or for the providing of any benefit. If I am offered and accept employment, I understand that the employment is for no definite period of time and may (regardless of the date and payment of my wages and/or salary) be terminated at any time, with or without cause. I understand that if this Company employs me, I will be employed as an employee at will.

I understand that, subject to Employer’s obligations under the Americans with Disability Act (ADA), I must meet all the physical standards established by this Company to perform the essential functions of any job for which I am offered employment. I understand that, if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that, subject to Employer’s requirements under the ADA, during employment I might from time to time be subjected to physical examinations and/or physical ability test to demonstrate that I can perform the essential functions of my job.

I understand that this Company may from time to time require that I take a drug and/or alcohol test as a condition of employment. This Company reserves the right to conduct searches on company property of employees and their personal property for alcohol, drugs, or for property which might belong to this Company. This Company also reserves the right to conduct searches of the company’s property, vehicles and/or equipment at any time. A refusal to submit to a company search can subject an employee to employment termination.

This Company is an equal opportunity employer. This Company does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, disability or on any other basis prohibited by law including but not limited to disabled veteran and/or veteran of the Vietnam era.

In signing this form, I certify that I understand and have truthfully answered all the questions and statements in this application.

Signature of Applicant

Date

**PLEASE RETURN THIS APPLICATION TO
HUMAN RESOURCE DEPARTMENT**

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

I, the undersigned consumer, do hereby authorize **CHG Cornerstone Hospital Group, L.P. (CHG)** by and through its independent contractor, to procure a consumer report and/or investigative consumer report on me.

I authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to **CHG** by and through its independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity, or governmental agency compiled the information itself or received it from other sources.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau, if applicable; my driving history, including any traffic citations; a Social Security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I hereby release **CHG, its independent contractor**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Notice/Authorization and Release form shall remain in effect for the duration of my employment with **CHG**.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to CHG Corporate Human Resource Office, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

I give **CHG** permission to investigate any incidents of workplace misconduct of which I have been accused for which I am alleged to have been involved during employment with **CHG**.

I would like a copy of my background report: Yes No

I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application or employment may be terminated based on any false, omitted, or fraudulent information.

PERSONAL INFORMATION

Date	Social Security Number	Date of Birth <small>(used only to avoid misidentification)</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (Last)		(First)	(Middle)
Current Address			Phone Number ()
City	State	ZIP Code	Country

ADDRESSES FOR THE PAST SEVEN (7) YEARS

City	State	ZIP	County	Dates Lived Here	
				From:	To:
				From:	To:
				From:	To:

PROFESSIONAL LICENSURE AND/OR CERTIFICATIONS

Current and Previous Professional Licenses or Certifications	License/Certification #	State Issued	Expiration Date

Drivers License Number	State
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If you answer yes to any of the questions below, please explain on a separate piece of paper. A conviction, pending charge, or deferred judgment will not necessarily disqualify you from employment. Each conviction, pending charge, or deferred judgment will be evaluated on its own merits with respect to time, circumstances, and seriousness in relation to the job applied for. In addition, certain state laws may bar your employment.

Have you ever been convicted of or plead guilty or no contest to a crime (felony or misdemeanor) other than a minor traffic violation? If so, please explain. For purposes of employment with this Company, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. Yes No

Is there a pending criminal charge against you or are you currently under investigation? Yes No

Is there a deferred criminal judgment against you? Yes No

Have you ever been sanctioned, disciplined, debarred and/or excluded by a duly authorized regulatory agency, or are there any current restrictions or limits on your license(s) or certification(s)? Yes No

Signature _____ Date _____

TO BE COMPLETED BY HIRING AUTHORITY		Applicant Position	Department
Check Appropriate Boxes:	<input type="checkbox"/> Base Check	<input type="checkbox"/> FACIS	<input type="checkbox"/> Consumer Credit Report
	<input type="checkbox"/> Licensure/Certification	<input type="checkbox"/> Motor Vehicle Report	<input type="checkbox"/> Other: _____
Service Line	Location	Location Code	Location Fax #: ()

**SUBSTANCE ABUSE AND TESTING POLICY
ACKNOWLEDGEMENT AND CONSENT**

I. AGREE TO BE BOUND BY POLICY

I do hereby agree to be bound by CHG Cornerstone Healthcare Group, L.P. (the "Company") Substance Abuse and Testing Policy (the "Policy"), the terms of which are incorporated here in by reference, as a condition for employment and for purposes of applying for, accepting, or continuing employment with CHG Cornerstone Healthcare Group, L.P..

II. DRUG FREE STATEMENT

I also hereby state that I am not a user of controlled substances, which have not been prescribed for me by a licensed physician for authorized use. I agree to comply with the Drug-Free Workplace Act provisions under the Company's Substance Abuse and Testing Policy and understand that, as a condition of employment, I must notify the Company if I am convicted of a criminal drug offense occurring in and/or outside the workplace no later than five (5) days after any such conviction.

III. HOLD HARMLESS PROVISION

I hereby agree to furnish a specimen, as required or requested, for testing under the Policy. I also agree that any Company employee who has been authorized and designated by the company for such purposes, or any physician, laboratory, hospital, or medical professional that has been authorized and designated by the Company for such purposes, may perform appropriate chemical tests on my specimen for the presence of illegal drugs or prescription drugs for which I do not have a valid prescription. I further acknowledge that my application for employment or my continued employment with the Company may be affected consistent with the terms of the Policy based upon a positive result of any such test showing substance usage in violation of the Policy.

To the full extent authorized by applicable laws, rules, and regulations, I release and hold the Company, any such designated person or institution identified above, any laboratory utilized under the Policy, their respective employees, agents, and other contractors for services under the Policy, harmless from any liability (including any liability arising by virtue of negligence) arising from any request made to furnish any required specimen for testing, the testing of such specimen pursuant to the Policy, the release of information in accordance with this authorization and any decisions made concerning my application for employment or my continued employment with the Company based upon a positive result of such test showing drug usage in violation of the Policy.

IV. CONSENT TO THE RELEASE OF TEST RESULTS

I hereby give my permission to any Company employee who has been authorized and designated by the Company for such purposes, and any physician, laboratory, hospital or medical professional that has been authorized and designated by the Company for such purposes, to release the results of any tests made pursuant to the Policy to the Company, the Company's designated Medical Review officer, the Company's Workers' Compensation insurance carrier, and any other person who has a lawful right or need to be informed of such results.

In the event I am seriously injured in a work related accident and unable to provide a specimen at that time, I do hereby authorize the Company to obtain, and the treating facility to release, any hospital reports, other documents or specimens which would indicate whether or not there were any controlled substances or alcohol in my system at the time of the accident.

The undersigned further states that he or she has read the provisions of the policy and the foregoing acknowledgement and consent form, or had such documents read to him or her, knows the content thereof and has freely and voluntarily affixed his or her signature on this document.

I hereby freely and voluntarily agree to the terms of this Substance Abuse Policy Acknowledgment and Consent Form.

Applicant / Employee Name (Please Print Name)	Social Security Number
Applicant / Employee Signature	Date
Witness Signature	Date

This Hospital performs:

- Pre-Employment Drug Testing
- Post-Employment Drug Testing
- Random Drug Testing
- Upon Observed Behavior Drug Testing

The above are the primary reasons for drug testing, but we reserve the right to test for other justified reasons.

The Company is committed to building positive employee relations, encouraging open communication and respecting the rights and dignity of our employees. We recognize, however, that problems may arise in work relationships. The Company Employment Dispute Resolution (EDR) Program provides a process for resolving employment processes. The EDR Program has four steps: (1) Open Door; (2) Facilitation; (3) Mediation; and (4) Arbitration. The EDR Program ensures a fair resolution to disputes and is often a much faster and less expensive process. No remedies that otherwise would be available to you or the Company in a court of law will be forfeited by virtue of the agreement to use and be bound by the EDR Program. If you wish to be considered for employment, you must read and sign the following agreement binding you to use the EDR Program to resolve disputes. An EDR Program booklet describing the program in detail is available where you obtained the Applicant Packet.

EMPLOYMENT DISPUTE RESOLUTION PROGRAM AGREEMENT

I recognize that differences may arise between the Company and me during my application process or employment with the Company. I recognize that it is in our mutual best interests that disputes be resolved in a manner that is fair, private, expeditious, economical, final and less burdensome and adversarial than litigation in court. Therefore, both the Company and I agree to resolve all claims, controversies or disputes relating to my application for employment, my employment and/or termination of employment with the Company exclusively through the Company's Employment Dispute Resolution Program. By way of example only, such claims include claims under federal, state, and local statutory, regulatory, or common law, such as Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Family and Medical Leave Act, claims for wrongful discharge, claims for public policy violations, and claims under the law of contracts and the law of torts.

I understand and agree that the last step of the EDR Program is final and binding arbitration by a neutral arbitrator. I understand and agree that this mutual agreement to use the EDR Program and to arbitrate claims means that the Company and I are bound to use the EDR Program as the only means of resolving employment related disputes and to forego any right either may have to a jury trial. I further understand and agree that if I file a lawsuit regarding a dispute arising out of or relating to my application for employment, my employment or the termination of my employment, the Company may use this Agreement in support of its request to the court to dismiss the lawsuit and require me to use the EDR Program instead.

I understand that my signature to this Agreement does not guarantee that the Company will offer me employment. If the Company offers me employment and I become employed at the Company, this Agreement does not alter the "at-will" status of my employment. I understand that no representative of the Company, other than an officer of the Company at the level of Senior Vice President or above, has the authority to make any agreement contrary to the foregoing or to alter the Company's EDR Program.

I understand that the EDR Program affects my legal rights. I also understand that I may obtain a copy of the EDR Program booklet and seek legal advice before signing this Agreement.

I certify that I have read this Agreement. I have had an opportunity to ask questions regarding its content, I understand this Agreement and believing it to be fair, I voluntarily enter into this Agreement.

Applicant / Employee Signature

Date

Social Security Number

Form 8850 (Rev. January 2006) Department of the Treasury Internal Revenue Service	Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits <p style="text-align: center;">▶ See separate instructions</p>	OMB No. 1545- 1500
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Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your Name _____ Social Security Number ▶ _____|_____|_____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (_____)_____-_____

If you are under age 25, enter your date of birth (month, day, year) _____|_____|_____

Work Opportunity Credit

- 1 Check here if you are a Hurricane Katrina employee. Enter the address of your main home on August 28, 2005, and the state and county or parish in which it was located.

- 2 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
 - a. Received food stamps for the last 6 months **or**
 - b. Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 4 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the last 18 months, **or**
 - Received TANF Payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____ Date / /

For Employer's Use Only

Employer's Name _____ Telephone no. () _____ EIN _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under **Members of Targeted Groups** in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant: Gave Information / / Was offered job / / Was hired / / Started job / /

Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature _____ Title _____ Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(12) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. This form may also be given to the Internal Revenue Service

for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** 5hr., 30 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SESA** 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224

Do Not send this form to this address. Instead, see **When and Where To File** in the separate instructions.

APPLICANT DATA RECORD

It is our policy to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

VARIOUS AGENCIES OF THE U.S. GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS/EMPLOYEES. INFORMATION REQUESTED ON THIS FORM IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. Such information will in no way affect the decision regarding your application for employment. This form will be kept confidential and maintained separately from your application form.

Completion of this form is voluntary and not required for employment.

Name:	Date:
Position Applied For:	

Race: (select one)

- White
- Black
- Hispanic
- Asian / Pacific Islander
- American Indian / Alaskan Native

Sex: (select one)

- Male
- Female

Referral Source: (select one)

- Advertisement Newspaper Internet
- Friend/Relative
- Employee
- Placement Agency
- Walk-in
- Other _____

Regulations issued by the U.S. Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

Please check appropriate Veteran's status if applicable:

Special Disabled Veteran

A person who (1) is entitled to disability veteran compensation under laws administered by the Veterans Administration for a disability rated at 30% or more; or (2) was discharged or released from active duty because of a service-connected disability.

Vietnam Era Veteran

A veteran who is honorably discharged and served 180 days of active duty between 08/05/64 and 05/07/75.

Other Eligible Veteran

A veteran who served on active duty during a war or in a campaign/expedition for which a campaign badge has been authorized.

PLEASE RETURN THIS FORM ALONG WITH YOUR EMPLOYMENT APPLICATION TO HUMAN RESOURCES.