



APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, GENDER, SEXUAL ORIENTATION, VETERAN STATUS, DISABILITY OR OTHER CLASSIFICATIONS PROTECTED BY APPLICABLE LAW.

NAME: _____ DATE: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

PHONE #: _____ Cell# _____ Email _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Y / N
 ARE YOU STILL A STUDENT? Y / N ARE YOU PRESENTLY EMPLOYED? Y / N

POSITION APPLYING FOR _____
 MINIMUM SLARY/WAGE REQUIREMENTS: _____ HOW DID YOU HEAR ABOUT AVISTA HEALTHCARE? _____

DO YOU HAVE ANY RELATIVES WHO WORK FOR AVISTA? Y / N
 IF YES, PLEASE PROVIDE THE INDIVIDUAL'S NAME AND DEPARTMENT HE OR SHE WORKS IN: _____

WOULD YOU LIKE TO WORK, PERMANENTLY TEMPORARILY PART TIME FULL TIME WEEKENDS
 WHICH SHIFT? 7-3 3-11 11-7

IF OFFERED A POSITION, WHEN CAN YOU START? _____
 ARE YOU ON A LAYOFF AND SUBJECT TO A RECALL? Y / N
 ARE YOU SUBJECT TO ANY AGREEMENTS OR CONTRACTS THAT COULD RESTRICT YOUR EMPLOYMENT RESPONSIBILITIES AT AVISTA (E.G. NON-COMPETITION AGREEMENTS)? Y / N
 IF YES, PLEASE EXPLAIN _____

SPECIFY DAYS AND HOURS AVAILABLE: _____
 WERE YOU PREVIOUSLY EMPLOYED BY AVISTA? Y / N
 WHEN? _____

NURSING APPLICANTS ONLY :

PROFESSIONAL LICENSE AND / OR CERTIFICATIONS : LICENSE # AND EXPIRATION DATE : _____
 CPR _____ DATE OF EXPIRATION _____ "IV" _____ FACILITY IN WHICH CERTIFIED _____
 CERTIFIED NURSING ASSISTANT _____ CERT # : _____

EMPLOYMENT EXPERIENCE: (Please list your **COMPLETE** employment history beginning with your most recent position. This **MUST** be completed whether or not you attach a resume. Please use additional sheets if necessary)

PRESENT & FORMER EMPLOYERS	DATES EMPLOYED FROM - TO	HOURLY RATE / SALARY	JOB TITLE
NAME :			
ADDRESS :			
PHONE # :		SUPERVISORS NAME :	
REASON FOR LEAVING			
NAME :			
ADDRESS :			
PHONE # :		SUPERVISORS NAME :	
REASON FOR LEAVING			

PRESENT & FORMER EMPLOYERS	DATES EMPLOYED FROM - TO	HOURLY RATE / SALARY	JOB TITLE
NAME :			
ADDRESS :			
PHONE # :		SUPERVISORS NAME :	
REASON FOR LEAVING			
NAME :			
ADDRESS :			
PHONE # :		SUPERVISORS NAME :	
REASON FOR LEAVING			

REFERENCES: PLEASE GIVE NAME, ADDRESS, AND PHONE NUMBER References should not be relatives :

- 1). _____
- 2). _____
- 3). _____

RECORD OF EDUCATION:

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	LIST DEGREES
ELEMENTARY			5 6 7 8	
HIGH			1 2 3 4	
COLLEGE			1 2 3 4	
OTHER			1 2 3 4	

COMPLIANCE QUESTIONNAIRE:

HAVE YOU EVER HAD YOUR PROFESSIONAL LICENSE SUSPENDED OR REVOKED? Y/N
 IF YES, WHICH STATE? _____ WHEN? _____

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE. I agree that if I misrepresent any of the information it will disqualify me from employment and, if hired, will be grounds for immediate termination.

DATE:

SIGNATURE

AVISTA HEALTHCARE WILL BE ACCEPTING APPLICATIONS ONLY FOR ACTIVE JOB OPENINGS OR FOR EXPECTED JOB OPENINGS. UNSOLICITED APPLICATIONS AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. THIS APPLICATION, IF COMPLETE AND FOR A SOLICITED JOB OPENING, WILL REMAIN ACTIVE FOR 60 DAYS FROM THE DATE OF THE APPLICATION. IF AFTER 60 DAYS, YOU HAVE NOT HEARD FROM AVISTA HEALTHCARE, YOU WILL BE REQUIRED TO COMPLETE A NEW APPLICATION. IF YOU STATE THAT YOU ARE NO LONGER INTERESTED IN A JOB OPENING, DECLINE AN INTERVIEW OR DO NOT RESPOND TO TWO REQUESTS FOR AN INTERVIEW, YOU HAVE REMOVED YOURSELF FROM BEING CONSIDERED FOR EMPLOYMENT.



PLEASE READ CAREFULLY
CERTIFICATION

I certify that my answers in this application and in my personal interview(s) are true and correct. I agree that if I misrepresent any of the information it will disqualify me from employment and, if hired, will be grounds for immediate termination.

I understand employment by Avista Healthcare has no specific term, regardless of length of actual service, and may be terminated by me or by Avista at any time with or without cause or prior notice. I acknowledge that Avista has not made any promises or representations that differ from those contained in this paragraph.

I understand that any offer of employment that I receive is subject to and expressly conditioned upon the results of a background investigation being satisfactory to Avista.

I understand that if I am hired, I will be required promptly and satisfactorily to complete all required employment forms, including an I-9 immigration form verifying that I am legally authorized to work in the United States.

I further understand that any offer of employment that I receive is subject to and expressly conditioned upon my passing a drug screen administered by a laboratory designated by Avista, if such drug screen is requested.

By accepting employment (if offered), commencing employment, and by signing below, I acknowledge and understand that any controversies, claims, or other disputes arising out of or relating to my employment relationship with Avista and/or controversies and/or claims or other disputes: (a) based on tort, contract, discrimination, harassment, or retaliation; (b) arising out of or relating to the termination of an employment relationship with Avista; and (c) for defamation, benefits, wages, compensation whether or not arising out of or relating to federal, state, or local laws or common law shall be settled by arbitration administered by the American Arbitration Association under its Employment Arbitration Rules and Mediation Procedures. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

I understand that arbitration is a substitute to having my claims and defenses adjudicated in a court of law and that the rules in arbitration are different than they are in court; there is no judge or jury in arbitration, but an arbitrator can award the same damages and relief that a judge or jury can award. I understand that by signing below, arbitration will be the exclusive remedy for both contractual and statutory claims, which means that I

waive any right to otherwise seek relief in court for a breach of any contractual and/or statutory rights. I further understand that by signing this application and commencing employment, I am waiving my right to a trial by jury and do so voluntarily, knowingly and free from duress or coercion. Regardless of the nature of the dispute or claim, I agree to resolve such dispute or claim only by arbitration and I agree to waive my right to obtain any legal or equitable relief from a court.

If employed by Avista, I agree to observe all of its rules and regulations.

Signature

Date

Print Name



INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND CONSENT

I voluntarily and knowingly authorize and consent that Avista Healthcare will, for employment purposes only, procure or have prepared a consumer or investigative consumer report as part of the procedure for processing my application for employment and, in the event that I am offered employment at Avista Healthcare, at any time during employment. Such report may include gathering information about my prior employment or military record, education, character, general reputation, driving accidents, personal characteristics, criminal record, and mode of living through personal interviews with my friends, neighbors or associates. I understand that upon written request to Avista Healthcare, I will be informed of whether an investigative consumer report was requested, given information as to the nature and scope of the report or investigation, informed of the name and address of the consumer reporting agency furnishing the report, and provided with a Summary of Rights Under the Fair Credit Reporting Act.

If hired this authorization shall remain on file and shall serve as ongoing authorization of consumer reports at any time during my employment.

Name: _____ Date: _____

Signature: _____



Release of Background Investigation Information-Post Offer of Employment

I understand that I have received an offer of employment, and that the offer of employment is contingent upon the results of a background screening being satisfactory to Avista Healthcare. I acknowledge that prior to signing this release, including, but not limited to, during the interview process, I was not asked any questions, no inquiries were made, and I was not required to disclose any information regarding any criminal convictions I may have. I understand that a criminal conviction is not an automatic bar to employment unless employment is prohibited based on applicable law. I understand that Avista Healthcare does not discriminate on the basis of race, age, national origin, sex, or any other category protected under applicable law.

By my signature below, I also certify the information I provided on, and in connection with my application and in my personal interviews was true, accurate and complete. I agree that if I misrepresent any of the information it will disqualify me from employment and, if hired, will be grounds for immediate termination.

I hereby authorize the following individual and entities to furnish any and all information on me that is requested by a consumer reporting agency, Avista Healthcare, or Avista Healthcare's representatives:

- law enforcement agencies;
- the United States Department of Health and Human Services;
- federal and state governmental agencies including, but not limited to, state and federal agencies dealing with any federally funded or state funded health programs;
- learning institutions (including public and private schools and universities);
- information service bureaus;
- credit bureaus;
- record/data repositories;
- courts (federal, state and local);
- motor vehicle records agencies;
- state and federal licensing authorities;
- my past or present employers;
- the military; and
- other individuals and sources .

I hereby release and agree to hold harmless any individual, company, entity, institution, or government agency from all liability with regards to furnishing information to Avista Healthcare, or its representatives, pursuant to the background investigation. Further, I hereby agree to release and hold Avista Healthcare harmless from all liability with respect to the receipt of such information.

This release and the Background Investigation Authorization do not create a contractual obligation on the part of Avista Healthcare and should not be considered a contract of employment, expressed or implied. Employment at Avista Healthcare remains at will.

THE FOLLOWING IS OPTIONAL:

In addition, the following information is being gathered to verify information relating to individuals excluded from participation in Medicare, Medicaid, and other federal health care programs, to verify the accuracy of personal information submitted by you, and/or at the request of the consumer reporting agency in order to procure a consumer report/investigative consumer report. The information provided below will be kept confidential. Your response is strictly voluntary. However, please be aware that if you chose not to provide the requested information, the consumer reporting agency may refuse to provide the report(s) and information obtained from the Office of Inspector General or other governmental agencies may not be able to be verified. The lack of a consumer report/investigative consumer report which is part of the screening and/or the inability to verify information obtained will affect any offer of employment or continued employment if you have already begun working.

Yes-I understand that I am under no obligation to provide the following information and have voluntarily chosen to state the following:

My social security number is _____.

My date of birth is _____.

(Avista Healthcare is an equal opportunity employer and does not discriminate on the basis of age or any other basis protected by applicable law. Your age will not be part of any selection considerations.)

No -I understand and do not wish to furnish this information.

Prospective Employee's Name: _____ Date: _____

Prospective Employee's Signature: _____



3025 Chapel Avenue West, Cherry Hill, N.J. 08002
Phone 856-675-3000 Fax 856-667-3101

EMPLOYMENT/REFERENCE CHECK VERIFICATION FORM

Pursuant to the Health Care Professional Responsibility and Reporting Enhancement act (HCPRREA), (P.L. 2005, c.83, effective October 30, 2005), which enables health-care entities to exchange certain information regarding health-care professionals and in the interest of verifying such information, this form seeks information regarding the health-care professional named below. Upon inquiry from a health-care entity about a current or formerly employed health-care professional, health-care entities must provide the following information about that health-care professional (see N.J.S.A. 26:2H-12.2c): (1) job performance as it relates to patient care based upon job-performance evaluations; (2) eligibility for reemployment at the health-care entity; (3) reason for separation for a formerly employed health-care professional, and (4) copies of any notifications and supporting documentation sent to the New Jersey Division of Consumer Affairs (DCA), medical practitioner review panel, and a professional or occupational licensing board of the DCA within seven years preceding the date of this inquiry (see N.J.S.A. 26:2H-12.2a and 12.2b).

SECTION I: To be completed by candidate:

APPLICANT NAME _____ DATE _____

POSITION HELD: _____

EMPLOYER(Name&Location): _____

TELEPHONE # _____ FAX # _____

DATES EMPLOYED: FROM _____ TO _____

APPLICANT SIGNATURE: _____

SECTION II: To be completed by past employer

REASON FOR SEPERATION FROM EMPLOYMENT (PLEASE CHECK ALL THAT APPLY)

Voluntary Reasons	Involuntary Reasons
<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Involuntary Lay-Off
<input type="checkbox"/> Voluntary Relocation	<input type="checkbox"/> Involuntary Discharge for Performance
<input type="checkbox"/> Voluntary Lay-Off	<input type="checkbox"/> Involuntary Discharge for Misconduct
<input type="checkbox"/> Abandoned Position	<input type="checkbox"/> Involuntary Discharge for Attendance
<input type="checkbox"/> Other (provide description) _____	<input type="checkbox"/> Other (provide description) _____

Is the health-care professional eligible for re-employment by the health-care entity? Yes No

SECTION III: COMMENTS

Form Completed By:

Print Name

Signature

Date:

Please complete and fax back to "Human Resources" at 856-667-3101. Thank you for your time.