

APPLICANT INFORMATION				
It is the policy of this corporation to provide equal opportunity to all persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state, and local statutes, regulations and ordinances.				
APPLICANT NAME (PLEASE GIVE COMPLETE NAME):		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER:	HOME PHONE:
CURRENT ADDRESS:		CITY:	STATE:	ZIP CODE:
PREVIOUS ADDRESS (IF AT CURRENT ADDRESS LESS THAN 12 MONTHS):		CITY:	STATE:	ZIP CODE:
SPECIFIC POSITION(S) FOR WHICH YOU ARE APPLYING: 1. _____ 2. _____ 3. _____			TYPE OF POSITION INTERESTED IN: <input type="checkbox"/> PRN <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME	
SALARY REQUIREMENT:	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ADEQUATE MEANS OF TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE AVAILABLE TO START WORK:	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED FOR THIS OR ANY OTHER TURENNE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH COMPANY? _____	ARE YOU RELATED TO ANY TURENNE EMPLOYEE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU LEARN ABOUT THIS POSITION? <input type="checkbox"/> STATE EMPLOYMENT COMMISSION <input type="checkbox"/> AGENCY WHICH: _____ <input type="checkbox"/> EMPLOYEE WHO: _____ <input type="checkbox"/> JOB LISTING WHERE: _____ <input type="checkbox"/> ONLINE WHERE: _____ <input type="checkbox"/> PRINT AD WHERE: _____ <input type="checkbox"/> SCHOOL WHICH: _____ <input type="checkbox"/> OTHER WHERE: _____		ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB-RELATED FUNCTIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE ANY NECESSARY ACCOMMODATION: _____
		HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR RELEASED FROM CONFINEMENT FOLLOWING A CONVICTION FOR ANY CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE, PLACE, AND NATURE OF EACH SUCH CONVICTION: _____
		ARE YOU PRESENTLY CHARGED WITH ANY VIOLATION OF THE LAW IN ANY JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE, PLACE, AND NATURE OF EACH SUCH CHARGE: _____
		ARE YOU CURRENTLY EXCLUDED OR ARE YOU AWARE OF ANY POTENTIAL EXCLUSION FROM PARTICIPATION IN ANY FEDERALLY-FUNDED HEALTHCARE PROGRAM INCLUDING MEDICARE AND MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATIONAL HISTORY					
TYPE OF SCHOOL	NAME OF SCHOOL	CITY, STATE	COMPLETION	DEGREE OR CERTIFICATE	
HIGH SCHOOL / GED			GRADUATED / GED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL			GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER			FROM (MM/YY): _____ TO (MM/YY): _____		
OTHER			FROM (MM/YY): _____ TO (MM/YY): _____		
LIST ANY PROFESSIONAL LICENSES, REGISTRATIONS, OR CERTIFICATIONS YOU POSSESS. (INCLUDE DRIVER'S LICENSE IF APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING)			CLERICAL OR OTHER SKILLS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING		
TYPE	ISSUING STATE	EXP. DATE			NUMBER
				TYPING (WPM) _____	
				SOFTWARE (LIST) _____	
				MACHINES / EQUIP: _____	
				OTHER _____	

PROFESSIONAL REFERENCES				
Other than relatives, provide the names of three references that we may contact.				
NAME:		RELATIONSHIP:	TELEPHONE NO.:	
ADDRESS:		CITY:	STATE:	ZIP CODE:
NAME:		RELATIONSHIP:	TELEPHONE NO.:	
ADDRESS:		CITY:	STATE:	ZIP CODE:
NAME:		RELATIONSHIP:	TELEPHONE NO.:	
ADDRESS:		CITY:	STATE:	ZIP CODE:

EMPLOYMENT HISTORY					BEGIN WITH YOUR MOST RECENT JOB. LIST EACH JOB SEPARATELY				
JOB TITLE:			DATE STARTED (MM/YY):		DATE ENDED (MM/YY):		FINAL SALARY:		
NAME OF EMPLOYER:			ADDRESS:			CITY:		STATE:	ZIP CODE:
TELEPHONE:			NAME OF SUPERVISOR:		REASON FOR LEAVING:				
DUTIES PERFORMED:									
JOB TITLE:			DATE STARTED (MM/YY):		DATE ENDED (MM/YY):		FINAL SALARY:		
NAME OF EMPLOYER:			ADDRESS:			CITY:		STATE:	ZIP CODE:
TELEPHONE:			NAME OF SUPERVISOR:		REASON FOR LEAVING:				
DUTIES PERFORMED:									
JOB TITLE:			DATE STARTED (MM/YY):		DATE ENDED (MM/YY):		FINAL SALARY:		
NAME OF EMPLOYER:			ADDRESS:			CITY:		STATE:	ZIP CODE:
TELEPHONE:			NAME OF SUPERVISOR:		REASON FOR LEAVING:				
DUTIES PERFORMED:									
JOB TITLE:			DATE STARTED (MM/YY):		DATE ENDED (MM/YY):		FINAL SALARY:		
NAME OF EMPLOYER:			ADDRESS:			CITY:		STATE:	ZIP CODE:
TELEPHONE:			NAME OF SUPERVISOR:		REASON FOR LEAVING:				
DUTIES PERFORMED:									

IN MAKING APPLICATION FOR EMPLOYMENT,

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility, or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without resource.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made. I understand that I will receive notice that such report has been requested, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies.

I understand that the facility reserves the right to require its employees to submit to blood test or urinalyses for alcohol or drugs screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.

Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policies. Continued employment is also contingent upon compliance with the facilities Alcohol and Drug Abuse Policy.

I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate either

employment relationship at anytime, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the administrator of the facility.

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with then as may be requested, and Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, facility appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, actual employment or termination of employment with the employer exclusively by final and binding arbitration before a neutral Arbitrator and in accordance with the rules and procedures for employment with disputes adopted by the employer. Such claims shall include these that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, The American Disabilities Act, the Family & Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

I have read and understand the above.

APPLICANT SIGNATURE

DATE