



## APPLICATION FOR EMPLOYMENT

Custom Medical Solutions IS AN EQUAL OPPORTUNITY EMPLOYER. All practices of recruiting, hiring, promotion, transfer, wage and salary administration, benefits and terminations are administered without regard to race, color, creed, sex, religion, national origin, disability, age, veteran status or any and all other unlawful bases regarding federal, state or local laws. Further, Custom Medical Solutions is committed to providing a work environment that prohibits, in any form, unlawful harassment. To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply automatic employment by the company. Should an applicant be hired this form becomes a part of Custom Medical Solutions' permanent employment record. This application will be held on file for one year. After that time period, applicants are responsible for reapplying.

### PERSONAL INFORMATION (Please Print)

_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security Number
_____	_____	_____	_____
Current Address - Street/P.O. Box No.	City/State	Zip Code	Area Code - Current Phone Number

### TYPE OF WORK DESIRED

Position(s) applying for \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

The following conditions might be required at some point in a job assignment. Do you agree to satisfy the following work schedule?

- a. Shift work?  Yes  No  
b. Overtime work?  Yes  No  
c. Work schedule other than Monday to Friday?  Yes  No  
d. Do you agree to work the hours required for your position?  Yes  No

Status of employment for which you are applying:  Full-time  Part-time  Per Diem (PRN)

### GENERAL INFORMATION

Are you are at least 18 years of age or older?  Yes  No

Do you have legal right to work in the United States?  Yes  No

Has Custom Medical Solutions or any of its subsidiaries ever employed you? If yes, please indicate which subsidiary and dates of employment:

Do you have any relatives employed by Custom Medical Solutions or any of its subsidiaries?  Yes  No If yes, please indicate which subsidiary and relative's name(s):

Are you a United States Veteran?  Yes  No If yes, please list date of separation: \_\_\_\_\_

To assist us in our recruitment efforts, please indicate how you were referred to Custom Medical Solutions:

Walk-in  Newspaper Advertisement (please specify): \_\_\_\_\_  Job Fair (please specify): \_\_\_\_\_

Employee Referral (please specify): \_\_\_\_\_  Other \_\_\_\_\_

### SECURITY DATA

Pursuant to the OIG Compliance Program, employees convicted of criminal offenses or offenses including fraud and abuse related to health care are prohibited from participating in any portion of the direct or indirect health care delivery process. In the event of any pending charges, current employees may be removed from direct responsibility or involvement with any Federal health care program.

Have you ever been convicted or pleaded guilty or no contest to any criminal offense other than a minor traffic violation?  Yes  No  
(Criminal convictions are not an automatic ban from employment and will only be considered in relation to specific job requirements.)

Have you ever been convicted of a criminal offense related to health care or listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federal health care programs?  Yes  No

If you answered "yes" to either or the above questions, are you willing to briefly describe the circumstances of your conviction indicating the date, nature and place of the offense and disposition of the case?

EDUCATION AND TRAINING		No. of Years Completed	Graduated		Type of Degree, Diploma or Certificate and Major Course of Study	Academic Standing
Institution Name and Location			Yes	No		
High School						
College/ University						
Graduate School						
Trade School/ Other Training						

**ACADEMIC ACHIEVEMENTS AND ACTIVITIES:**

Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (You may exclude all information of race, color, creed, sex, religion, national origin, disability, age, and veteran status.)

---



---

**EMPLOYMENT HISTORY**

Please list your employment history for the past ten years or your last four employers. Start with your current employer. Include U.S. Military Service.

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Ending \$ \_\_\_\_\_ per \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Ending \$ \_\_\_\_\_ per \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Ending \$ \_\_\_\_\_ per \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Ending \$ \_\_\_\_\_ per \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_ Area Code & Telephone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Ending \$ \_\_\_\_\_ per \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

**Please explain all periods of unemployment.**

---



---

Please explain all circumstances involving any position from which you were terminated or asked to resign?

Please indicate any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, and any other languages spoken.

**REFERENCES**

List at least three references other than relatives or friends.

	<u>Name</u>	<u>Address &amp; Phone No.</u>	<u>Occupation</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**READ CAREFULLY BEFORE SIGNING THE APPLICATION FOR EMPLOYMENT:**

If employed by Custom Medical Solutions and in consideration thereof, I understand and agree to:

1. I certify that the answers given by me to the foregoing questions and statements on the employment application and or during the employment interview process are true and correct without any material omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that Custom Medical Solutions shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.
2. I authorize the companies, schools, persons or entities given during the employment process or on this employment application as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information.
3. I understand that I may be required to have a medical examination and/or drug and alcohol test prior to an offer of employment. A favorable result on the medical examination and/or drug and alcohol test shall be a condition of an offer of employment or commencement of any employment duties.
4. I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer.
5. My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, all health care industry compliance program requirements, including adherence to the established *Employee Handbook*, and all other Custom Medical Solutions rules, regulations, policies and procedures currently or hereafter in effect.
6. I certify that as a part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the available position. I understand each requirement and certify that I am capable of meeting each and every requirement. I also understand if the position for which I am applying requires licenses and/or certifications, it is my responsibility and a requirement for continued employment to maintain valid licenses and/or certifications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date