



HEALTHCARE/ALLIED HEALTH EMPLOYEE APPLICATION DISCLAIMER

The Company does not discriminate on the basis of any legal-protected category and considers applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, veteran status, gender and sexual orientation.

You must fully and accurately complete the Application for employment. Incomplete applications will not be considered.

Dunson & Associates, Inc. may use the information given in the application to verify the applicant's previous employment.

The staffing agency you are applying to conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, conviction will not necessarily disqualify an applicant from employment. Check to acknowledge this _____

Please check the appropriate box for each question. If you answer "YES" to any of the following, please use the box provided to describe details.

- A) Were/are you a member of the U.S. Armed Forces? Branch of Service? Yes_____ No_____
- B) ADA questions - Can you perform all job-related functions with or without reasonable accommodations? Yes_____ No_____
- C) Are you either a U.S. Citizen or can you submit verification of your legal right to work in the U.S.? Yes_____ No_____
- D) Are you currently authorized to work in the United States for any employer? Yes_____ No_____ (If so, verification required)
- E) Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)? Yes_____ No_____. If yes, please explain _____
- _____
- _____

Note: Driving under the influence is not considered a minor traffic violation. Exceptions due to state employment law: Conviction(s) that have been sealed, expunged, or eradicated and California Health & Safety Code §§11357 (b) & (c), 11360(c), 11364, 11365, 11550 marijuana-related convictions over 2 years old, should not be revealed.

- F) Are you charged with an unresolved criminal charge? (are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?) Yes _____ No_____

If yes, explain fully _____

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- G) To your knowledge, are you presently the subject of any investigation or procedure by any agency, registry, or healthcare provider? Yes_____ No_____
- H) Are you now, or have you ever been named as a defendant in any professional liability litigation alleging neglect or impropriety relating to your performance in the field of healthcare? Yes_____ No_____
- I) Has any agency, registry, or healthcare facility within the past five (5) years, cancelled any contract with you as a healthcare professional for any reason other than at your request? Yes_____ No_____
- J) During the past ten (10) years, has your license/s or certification/s been investigated, suspended, cancelled, revoked, or refused issue or renewal? Yes_____ No_____

If you responded "Yes" to any of the above, please provide explanation below:

K) Did we ever employ you? Yes_____ No_____. If so, when? _____

I understand that, if any of the above licensing questions are answered yes, that Dunson & Associates, Inc. has the right to deny this application.

I hereby certify that my answers appearing on this application are true. I understand that if any material information given in this application is found to be incorrect or incomplete, it may be grounds for immediate termination at the sole discretion of Dunson & Associates, Inc. I give Dunson & Associates, Inc. the right to contact my previous employers for verification purposes.

I authorize Dunson & Associates, Inc., to release any medical information required for employment to their client facilities. I understand that this information is scanned and posted on a secured web-site that is accessible to their client facilities and other affiliates of Dunson & Associates, Inc.

I understand that this application is not a contract of employment. I also understand and agree that, if hired, my employment would not be for a definite period and could be, regardless of the date of payment of my wages and salary, terminated at any time without any prior notice, with or without any reason.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, education background, and/or criminal history.

My typed name below shall have the same force and effect as my written signature:

Candidate's/applicant's signature _____ Date_____