

EDUCATION:						
<u>EDUCATIONAL BACKGROUND</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>INDICATE HIGHEST GRADE LEVEL COMPLETED</u>				<u>MAJOR COURSE OF STUDY</u>
HIGH SCHOOL		9	10	11	12	GED
COLLEGE		1	2	3	4	
TECHNICAL, VOCATIONAL, BUSINESS, GRADUATE SCHOOL, OR MILITARY TRAINING						
ANY OTHER JOB RELATED TRAINING						

ADDITIONAL INFORMATION:	
Were you employed while you were in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you work each week?	
List any skills, experience, or activities which will help you perform the job for which you are applying (please do not provide any information that would directly or indirectly indicate your sex, race, color, religion, age, national origin, citizenship, disability or any other characteristic protected by Federal, State or Local law):	

EMPLOYMENT HISTORY:

LIST YOUR WORK EXPERIENCE FOR THE LAST TEN (10) YEARS. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND THEN CONTINUE LISTING, IN CHRONOLOGICAL ORDER, ALL EMPLOYMENT HELD FOR THE LAST TEN (10) YEARS. ASK FOR ADDITIONAL SHEETS IF NECESSARY. BE SURE TO COMPLETE ALL SEVEN (7) QUESTIONS REGARDING EACH JOB.

NAME OF PRESENT OR LAST EMPLOYER (COMPANY NAME):		ADDRESS:		TELEPHONE NUMBER:
DATES OF EMPLOYMENT:		SUPERVISOR'S NAME:	REASON FOR LEAVING:	ANNUAL BASE SALARY:
	-			
LAST POSITION HELD:			DESCRIBE YOUR DUTIES:	
PREVIOUS EMPLOYER (COMPANY NAME):		ADDRESS:		TELEPHONE NUMBER:
DATES OF EMPLOYMENT:		SUPERVISOR'S NAME:	REASON FOR LEAVING:	ANNUAL BASE SALARY:
	-			
LAST POSITION HELD:			DESCRIBE YOUR DUTIES:	
PREVIOUS EMPLOYER (COMPANY NAME):		ADDRESS:		TELEPHONE NUMBER:
DATES OF EMPLOYMENT:		SUPERVISOR'S NAME:	REASON FOR LEAVING:	ANNUAL BASE SALARY:
	-			
LAST POSITION HELD:			DESCRIBE YOUR DUTIES:	
PREVIOUS EMPLOYER (COMPANY NAME):		ADDRESS:		TELEPHONE NUMBER:
DATES OF EMPLOYMENT:		SUPERVISOR'S NAME:	REASON FOR LEAVING:	ANNUAL BASE SALARY:
	-			
LAST POSITION HELD:			DESCRIBE YOUR DUTIES:	

ALL INFORMATION, INCLUDING SALARY, MAY BE VERIFIED.

May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any reason why we may not contact your present or prior employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever discharged or asked to resign from any position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Is additional information relative to a change of name, use of an assumed name or nickname necessary to enable a check on your work record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		

REFERENCES:

PLEASE FURNISH THREE REFERENCES THAT ARE NEITHER RELATIVES NOR FORMER EMPLOYERS:

NAME:	ADDRESS:	TELEPHONE NUMBER:	OCCUPATION:	YEARS KNOWN:

CERTIFICATION

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE A CONTRACT OF EMPLOYMENT FOR ANY PERIOD. IF HIRED, I UNDERSTAND THAT MY EMPLOYMENT MAY BE TERMINATED AT MY OPTION OR AT ANY TIME BY THE COMPANY WITH OR WITHOUT CAUSE OR NOTICE.

I GIVE HUDSON RIVER HEALTHCARE INC., ITS AFFILIATES, AND PARENT COMPANY PERMISSION TO VERIFY ALL INFORMATION PROVIDED ON THE APPLICATION OR IN THE INTERVIEW(S), INCLUDING THE INQUIRY CONCERNING CRIMINAL CONVICTION(S), AS WELL AS CONTACTING ANY AND ALL OR ANY OF MY PREVIOUS EMPLOYERS AND REFERENCES AND AUTHORIZE THEM TO PROVIDE ALL INFORMATION REQUESTED OF THEM BY THE COMPANY. I RELEASE THE COMPANY, MY FORMER EMPLOYERS AND OTHERS PROVIDING INFORMATION FROM ALL LIABILITY WHATSOEVER RESULTING FROM THE DISCLOSURE OF SUCH INFORMATION.

I CERTIFY THAT I HAVE PROVIDED TRUTHFUL AND COMPLETE RESPONSES TO ALL INQUIRIES IN THE APPLICATION OR INTERVIEWS AND UNDERSTAND THAT THE DISCOVERY OF ANY FALSE, MISLEADING INFORMATION AND OR THE FAILURE TO PROVIDE INFORMATION WILL RESULT IN THE IMMEDIATE REJECTION OF MY APPLICATION OR, IF I AM HIRED, WILL RESULT IN MY IMMEDIATE TERMINATION FROM EMPLOYMENT. I FURTHER UNDERSTAND THAT AFTER A CONDITIONAL OFFER OF EMPLOYMENT, I MAY BE ASKED TO SUBMIT TO PRE-EMPLOYMENT DRUG TEST AS A CONDITION OF EMPLOYMENT, AND ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON MY RECEIPT OF A NEGATIVE DRUG TEST RESULT AND SATISFACTORY REFERENCES.

THIS APPLICATION WILL REMAIN ACTIVE FOR SIX MONTHS FROM THE DATE COMPLETED.

APPLICANT'S SIGNATURE

APPLICATION DATE

If you require assistance completing this form, please contact the Human Resources Department

DISCLOSURE/AUTHORIZATION FORM

By this document Hudson River Healthcare, Inc. discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

This shall authorize the procurement of a consumer report by Hudson River Healthcare, Inc. as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Hudson River Healthcare, Inc. to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, state or federal prisons, motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Confidential Security & Investigations, LLC and I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information, except with respect to violation of the Act.

For California applicants only: If you would like to receive a copy of the consumer report prepared by a consumer reporting agency, if one is obtained, please check this box and the company will send a copy to you within three business days:

For Minnesota or Oklahoma applicants only: If you would like to receive a copy of the consumer report, if one is obtained, please check this box:

I hereby authorize Confidential Security & Investigations, LLC to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia or any other state.

Applicant's Signature _____ Print Name _____ Date _____

Other Name(s) Used _____ Social Security Number _____ Date of Birth _____ Driver ID Number _____ State _____

Current Address _____ City or Town _____ State _____ ZIPCODE _____ from _____ / _____ to _____

Previous Address _____ City or Town _____ State _____ ZIPCODE _____ from _____ / _____ to _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

REQUEST FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT...FILL IN COMPLETELY

LAST NAME, FIRST NAME M.I.	* Date of Birth	Social Security Number	Other NAME(S)
Driver License ID #	State	Have you ever been CONVICTED of a FELONY or MISDEMEANOR YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where & when.	

Home Addresses for the last ten years.

Address, City, State, Zip (LIST MOST RECENT FIRST)	MO. YR. TO MO. YR.

Employment History (List most recent first)

FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO. YR. TO MO. YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#:

EDUCATION

SCHOOL ADDRESS	CITY	STATE	DEG. REC.	MAJOR	MO. YR. TO MO. YR.

FOR CSI USE ONLY

ACCOUNT#:	
CLIENT REF:	

*This information will not be used for the purposes of discrimination. The Federal Age Discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.
 The laws of many states prohibit discrimination on the basis of age

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051