

optioncare®

HR Form 152

5111 22nd Avenue
Moline, IL 61265

For office use only

Applicant's Name

Last First Middle

Interview Schedule:

Application for Employment

It is the policy of this company to extend equal employment opportunities to all applicants regardless of sex, age, race color marital status, disability religion, or national origin.

Please print all information

Date of Application

If you have worked for Option Care under another name, please state that name.

Last Name First Name Middle

Telephone Numbers

Daytime: () -

Evening: () -

Social Security No

Address: Number and Street

City

State

ZIP Code

Position or type of work applying for:

Seeking: Full Time Part Time
 Per Diem Temporary
 Day Evening

Are you available to work evenings?

Are you available to work weekends and holidays?

Are you 18 years of age or older? Yes No

How did you learn of the opportunity at Option Care?

Newspaper

Job Fair

An Option Care Employee

Other:

If hired, can you provide proof that you are eligible to work in the United States? Yes No

Have you been previously employed by this or any other Option Care facility? Yes No

If YES, please answer the following:

Dates of Employment _____

Location _____

Position(s) _____

Owner/General Manager _____

Have you ever been convicted of Medicare fraud?

Yes No

Have you ever been convicted of a felony?

Yes No

If YES to either of the above questions, give details

Education

| High School (Name, City, State) | | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
|-----------------------------------|------------------------|---|-------|---------------------------|
| | | Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College or other schools attended | Location (City, State) | Enrollment Dates | | Degree or Course of Study |
| | | From 19 | To 19 | |
| | | From 19 | To 19 | |
| | | From 19 | To 19 | |
| | | From 19 | To 19 | |

Professional Licensure, Registration, Certification

Please provide the following information. If hired, proof of any licensure, registration, or certification will be required.

| Type of license, registration, or certification | Issuing state or organization | Number | Expiration Date |
|---|-------------------------------|--------|-----------------|
| | | | |
| | | | |
| | | | |

If you are not currently registered, licensed or certified, are you eligible? Yes No
 When will you accomplish this? Date _____

Special Skills

| | |
|--|---------------------------|
| Do you have knowledge of medical terminology? <input type="checkbox"/> Yes <input type="checkbox"/> No | Typing _____ WPM |
| Describe your experience | Transcription _____ WPM |
| | Shorthand _____ WPM |
| | Word Processing _____ WPM |

COMPUTER SOFTWARE KNOWLEDGE (Check the skill level of the following programs where applicable.)

| | | | |
|--|---|---|--|
| Microsoft Word <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert | Excel <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert | Power Point <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert | ACCESS <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert |
| Word Perfect <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert | Lotus 1-2-3 <input type="checkbox"/> Competent <input type="checkbox"/> Highly skilled <input type="checkbox"/> Expert | Other _____ Skill Level _____ | |

Other than English, what languages do you speak? _____

What languages do you read? _____

What languages do you understand? _____

Other Special Skills: _____

Employment History

Please list your job history for the past ten years, or for the last four employers, starting with your present or most recent employment. Please include military service. Any periods in which you were not employed and any internships should be noted in the section marked ADDITIONAL INFORMATION. Also explain any gaps in your employment history.

Dates of Employment (month / year) From _____ to _____
Work Status: _____ Full Time _____ Part Time _____ Per Diem _____ Temporary
Position(s) you held _____ Department _____
Company / Employer _____
Address _____ City _____ State _____ ZIP _____
Supervisor _____ Title _____ Phone # _____
Description of your job duties and principal responsibilities _____
Reason for leaving _____

Dates of Employment (month / year) From _____ to _____
Work Status: _____ Full Time _____ Part Time _____ Per Diem _____ Temporary
Position(s) you held _____ Department _____
Company / Employer _____
Address _____ City _____ State _____ ZIP _____
Supervisor _____ Title _____ Phone # _____
Description of your job duties and principal responsibilities _____
Reason for leaving _____

Dates of Employment (month / year) From _____ to _____
Work Status: _____ Full Time _____ Part Time _____ Per Diem _____ Temporary
Position(s) you held _____ Department _____
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Address _____ City _____ State _____ ZIP _____
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Description of your job duties and principal responsibilities _____
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Work Status: _____ Full Time _____ Part Time _____ Per Diem _____ Temporary
Position(s) you held _____ Department _____
Company / Employer _____
Address _____ City _____ State _____ ZIP _____
Supervisor _____ Title _____ Phone # _____
Description of your job duties and principal responsibilities _____
Reason for leaving _____

References

List names and telephone numbers of three business / work references who are not related to you. If this is the first time that you are applying for a position, list three school or personal references who are not related to you.

| Reference's name | Company | Address | Phone Number |
|------------------|---------|---------|--------------|
| | | | |
| | | | |
| | | | |

Additional Information

Applicant's Certification and Agreement

Please read carefully before signing

- I certify that the information in this application is correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission on this application is grounds for refusal to hire, or if hired, dismissal
- I authorize any of the persons or organizations referenced in this application to give Option Care any and all information concerning my previous employment, education, or any other information they may have with regard to the subjects covered by this application. I release all such parties and Option Care from all liability for any damage that may result from furnishing such information. I authorize Option Care to request and receive such information
- I agree to comply with the rules, regulations, policies and procedures of Option Care, and acknowledge that these may be changed, interpreted, withdrawn, or supplemented at any time and without prior notice to me.
- If employed, I understand that Option Care provides a smoke-free environment for the health of our patients and employees. I understand that smoking is not allowed anywhere in the building, at the home s or offices of clients, or in any company owned or leased vehicles. I agree to support this Clean Air Policy.
- I acknowledge that any offer of employment, or my acceptance of any employment offer, if such is to occur, may be withdrawn, without cause, and without prior notice, at the request of the company or myself.
- If employed, I understand that I will be an "employee at will" and that either Option Care or I may terminate my employment relationship at any time without notice for any reason
- I understand that this application and any other documents which I may receive are not contracts of employment

Applicant's Signature _____

Date _____