

# APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Present Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Have you ever applied or worked for Andrews Institute ASC before? Yes  No

Please list the names of all family members/friends who currently work or who have worked for Andrews Institute ASC.

\_\_\_\_\_  
\_\_\_\_\_

**Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?** Yes  No

If necessary, please describe what types of accommodations are needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you have the legal right to work and be employed in the U.S.?** Yes  No   
**Do you have a reliable means of transportation to and from work?** Yes  No

## EDUCATION

Please list the school names and locations.

Junior High School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Trade, Business or other Correspondence School: \_\_\_\_\_

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## GENERAL INFORMATION

Date you are available to start working: \_\_\_\_\_ Full-Time?  Part-Time?

<b>Days and Hours Available to Work</b>	DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From	_____						
	To	_____						

### BACKGROUND AND CRIMINAL HISTORY CHECK

Andrews Institute ASC conducts **background screenings**, including **criminal histories**.

**You MUST answer the following questions completely and truthfully.** A “YES” answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of criminal offense(s) and/or intentional torts in relation to the position for which you are applying will be considered. However, **failure to answer the questions in this application truthfully and completely may result in your disqualification from consideration for employment or discharge from employment if you are hired.**

Please note that criminal offenses in your criminal history or intentional torts do not “disappear” from your record after any certain amount of time, and thus you **MUST** disclose all offenses and intentional torts in this application **regardless of how long ago the offense occurred**. If you have any questions, please ask to speak with a Human Resources Manager.

1. Have you **EVER in your life** pled guilty to any crime, criminal offense, or DUI; pled no contest (sometimes known as “nolo contendere”) to any crime, criminal offense, or DUI; had adjudication of guilt withheld for any crime, criminal offense, or DUI; OR been convicted, fined, sentenced, placed on probation, incarcerated, placed on house detention (sometimes called “house arrest”), assessed any costs of criminal court or had any other criminal penalty imposed upon you?

Yes  No

**If No, Go To #2**

1A. If the answer to Question 1 above is YES, please identify, explain and give details about the type(s) and circumstances of the crime(s) or criminal offense(s) or matters referred to in Question 1 above:

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#### **Background and Criminal History Check –**

1B. For each crime or criminal offense or matter identified above, please identify:  
a. the dates of the crime, conviction, plea and/or adjudication of guilt withheld AND  
b. the penalty (ies), sentence, or disposition(s) imposed for each crime or criminal offense or matter:

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1C. For each crime or criminal offense or matter identified above, please identify the State and location in which each crime or criminal offense or matter occurred:

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2. Have you **EVER in your life** been a defendant or been sued in a civil action or lawsuit for an intentional tort (or an intentional civil wrong, such as, for example, trespass, civil theft, battery, assault, false arrest or imprisonment, employment discrimination or harassment, civil rights violations, slander, libel, fraud or deceptive trade practices)?

Yes  No

**If No, Go To #3**

2A. If the answer to Question 2 above is YES, please identify, explain and give details about the type or nature of each intentional tort claimed against you and circumstances of that claim alleged against you:

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2B. For each intentional tort identified above, please:  
a. identify the dates of the civil action or lawsuit  
b. describe and explain the final disposition or end result of each civil action or lawsuit, AND  
c. identify the date of that final disposition or end result:

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3. Are you currently on **probation** for a crime, criminal offenses, or in a criminal proceeding or have you been off of such probation **LESS** than one year? Yes  No

4. Have you been arrested for any matter for which you are currently out on bail or have been placed on your "own recognizance" pending trial? Yes  No

If yes, please give the details and dates of each: \_\_\_\_\_

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**Remember that failure to report accurately, truthfully and completely the information requested above may result in your being disqualified from consideration for employment or discharged from employment if you are hired. If you have any questions, please ask to speak with a Human Resources Manager.**

**SEVERE WEATHER AND DISASTER RESPONSE – EMPLOYEE RESPONSIBILITY**

I understand that I will be expected to assist in severe weather and/or disaster preparedness and response as a condition of employment. Employees may be required to remain at the ambulatory surgery center immediately before, during, and after severe weather and/or disaster.

\_\_\_\_\_ **Initials** - by initialing I signify that I have read, understand and agree with the **Severe Weather and Disaster Response** statement above.

**EMPLOYMENT / WORK EXPERIENCE**

**Please list all of your jobs in the past five years.** (If additional pages are needed, please attach.)

**Company No. 1** (present or most recent employer): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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Employed from (Month & Year): \_\_\_\_\_ to \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe all of your significant duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No

**Company No. 2** (present or most recent employer): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Employed from (Month & Year): \_\_\_\_\_ to \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe all of your significant duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No

**Company No. 3** (present or most recent employer): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Employed from (Month & Year): \_\_\_\_\_ to \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe all of your significant duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No

**Please list and explain all periods of unemployment in excess of 1 month during the last 5 years**

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Unemployment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Andrews Institute ASC, LLC ("Andrews Institute ASC, LLC" or the "Company") unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that my result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. **I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.**

In the event I am hired and in consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Administrator, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Administrator and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may also be conditional on the satisfactory completion of a post-offer medical examination.

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

\_\_\_\_\_  
Date

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**BACKGROUND CHECK DISCLOSURE**

Andrews Institute Surgery Center (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.**

**PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.**



**AUTHORIZATION FOR BACKGROUND CHECKS**

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

**STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**MASSACHUSETTS:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

**NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

**WASHINGTON STATE:** You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Month/Day/Year)

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK**

**BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

For Identification Purposes Only: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)



**Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

## **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

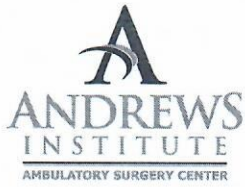
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 1-888-567-8688.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



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 protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>





**Please complete the form below, review the questions on the back, and SIGN in the space provided.**

## Reference Check Form

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security No. (required to check):					

\*Due to some company policies, Social Security Number is required.

REFERENCES					
CURRENT EMPLOYER					
Full Name		Dates Employed			
Company		Phone	(    )		
Address	City	State	Zip Code		
PREVIOUS EMPLOYER					
Full Name		Dates Employed			
Company		Phone	(    )		
Address	City	State	Zip Code		
PREVIOUS EMPLOYER					
Full Name		Dates Employed			
Company		Phone	(    )		
Address	City	State	Zip Code		
Please list ONE professional references. (Only previous managers/team leaders, teachers/professors, pastors) – NO RELATIVES or FRIENDS					
Full Name		Relationship			
Company		Phone	(    )		
Address	City	State	Zip Code		

**Below are the questions that will be asked to the employers you listed on page 1. SIGN at the bottom of this page after you have reviewed the questions.**

- Copy of Questions that will be asked -

- Applicant=s Name:
- Social Security #
- Job Title:
- Employment Dates:      From \_\_\_\_\_ to \_\_\_\_\_
- Reason for leaving:
- Would you re-hire?
  - If no – is it because your policy is not to rehire anyone that has left?

	Excellent	Good	Average	Poor
Work Quality				
Volume of Work				
Dependability				
Attendance				
Attitude				
Punctuality				
Initiative				
Meets Deadlines				

- Was this individual subject to any restrictions, reduction in privileges, or other severe disciplinary action in your institution?  
If yes, please explain
- Any questionable or unethical behavior?  
If yes, please explain:
- Has the individual engaged in any violent activity?  
If yes, please explain:
- Did the employee ever harass a co-worker, vendor or customer?  
If yes, please explain:

**Print and Sign in the box below.**

I \_\_\_\_\_ have read and reviewed the above reference check form, and hereby authorize Andrews Institute ASC to obtain all information and facts concerning me and my previous employment history. I understand that as my previous employer you may be called on to provide factual information (attendance history, pay rate, job title, dates of employment, discipline records, etc) as well as any observable behavior (punctuality, demonstrated work skills, job knowledge, work ethic, and overall work performance). I release you and hold you harmless to make such responses. Additionally, I will not hold you responsible for any action or lack of action that may be taken by others on the information provided.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



# TOBACCO-FREE AGREEMENT

The use of tobacco and tobacco products is a known and established hazard to the health and well-being of those who use them. In addition, the use of tobacco and tobacco products has been shown to decrease employee productivity and efficiency and increase absenteeism. It is in recognition of these factors that Andrews Institute ASC (AIASC) is taking measures to develop a tobacco-free workforce. Effective, January 1, 2014, and thereafter, applicants seeking employment with AIASC will be required to sign this affidavit indicating that they have **not** used tobacco or tobacco products within the three (3) months immediately preceding their application for employment. The pre-employment drug screening process will also test for nicotine.

Tobacco use includes, but is not limited to, cigarettes, cigars, pipes, electronic cigarettes, chewing tobacco, snuff, dip, or any other product that contains nicotine in any form (i.e. patches, inhalers, lozenges, gum, etc.).

## APPLICANT'S AGREEMENT

I, \_\_\_\_\_ (print name), affirm that I have not used any tobacco product for at least three (3) months prior to the date of my signature below. I understand that a positive tobacco (nicotine) screening will result in a withdrawal of any employment offer and that I will not be eligible for employment with AIASC.

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

\_\_\_\_\_  
Date