

FORMER EMPLOYERS, REFERENCES AND EXPERIENCE

Give employment history as complete as possible, starting with your present or last employer. For any unemployed or self employed periods, show dates and location. If you have never been employed, list references in place of "Company Name" and give their addresses and phone numbers.

Company/Reference: _____	Telephone: _____
Address: _____	Dates Employed: _____
Job Title: _____	Income/Hour: _____
Reason for Leaving: _____	Okay To Contact? _____
Company/Reference: _____	Telephone: _____
Address: _____	Dates Employed: _____
Job Title: _____	Income/Hour: _____
Reason for Leaving: _____	Okay To Contact? _____
Company/Reference: _____	Telephone: _____
Address: _____	Dates Employed: _____
Job Title: _____	Income/Hour: _____
Reason for Leaving: _____	Okay To Contact? _____
Company/Reference: _____	Telephone: _____
Address: _____	Dates Employed: _____
Job Title: _____	Income/Hour: _____
Reason for Leaving: _____	

If your former references are under a name other than indicated on front of application, please indicate: _____

First

last

M.I.

The Company, in consideration of my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and doctors to supply any information concerning my background.

I certify that the information obtained in this application is correct to the best of my knowledge and understand that falsification and omission in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time the company discovers the omission or falsification. I agree to conform to the rules and regulations of the company and understand that if hired I will be a "terminable-at-will" employee and that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company other than the Chief Executive Officer of Forum Green, Inc., has any authority to enter into any agreement for employment for any specified period of time.

I understand that this application is good only for six (6) months from the date on the front of this application. If I still desire a position with the company after this application expires, it will be my duty to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

Provided state law permits, I further agree to submit to alcohol and/or drug screening tests and polygraph examinations, where and whenever legal, if requested of me at any time prior to or during my employment.

Applicant's Signature _____ Date _____

Forum Green, Inc.
D/B/A Senior Rehab and Recovery
At Limestone Health Facility

1. Have you ever been convicted of, accused or under investigation of abuse, neglect, mistreatment or misappropriation of funds either in the community or a healthcare facility? Y N
2. Is your name included on the list excluded individuals/entities of the OIG? Y N

Signature: _____ Date: _____

Drug and Alcohol Acknowledgement

I, _____ have read and been given a copy of Limestone Health Facility's policy on drugs and alcohol. I understand that as a condition of employment, I am subject to its provisions and to changes that may be made in the policy from time to time. I further understand that Limestone Health Facility may conduct drug and alcohol tests and/or searches of the person and belongings of its applicants and employees under the circumstances described in the policy. I hereby give my consent to Limestone Health Facility and the testing laboratory to release the test results to Limestone Health Facility and any medical review officer designated by Limestone Health Facility. I understand that if I refuse to submit to or cooperate with a blood or urine test after an accident, I forfeit any rights to recover Worker's Compensation benefits that I might have under Alabama Code 25-5-51. I also understand that if I refuse to submit or cooperate with a blood or urine test after an accident, and/or am found to be in violation of Limestone Health Facility's Drug and Alcohol policy, I will be subject to disciplinary action up to and including termination.

Date: _____

Signed: _____

Witness: _____

Consent to Investigative Consumer Report

As part of its employee process, LIMESTONE HEALTH FACILITY routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and credit information on applicants for employment and employee applying for promotions. The information contained in these reports may be used to deny an individual employment with Limestone Health Facility or to deny an employee a promotion to a particular position.

I, the undersigned consumer, do hereby authorize LIMESTONE HEALTH FACILITY, by and through an independent contractor Bullet Investigations ("the Agency") to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references; personal interviews; personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; and/or any other public report.

I understand that I am entitled to a completed and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made with a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15 USC1681 ct seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to LIMESTONE HEALTH FACILITY, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release LIMESTONE HEALTH FACILITY, the Agency, and all persons, business entities and governmental agencies whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing brokering and/or assisting with the compilation of preparation of the consumer report and/or investigative consumer report and civil and/or criminal history hereby authorized.

Printed Name

First	Middle	Last
Other Names/Alias		

First	Middle	Last
Current Address		

St/PO Box	City	State	Zip	How Long
Former Address				

St/PO Box	City	State	Zip	How Long
Former Address				

St/PO Box	City	State	Zip	How Long
Former Address				

Social Security Number _____ - _____ - _____ Daytime Telephone _____

Date of Birth _____ / _____ / _____ Driver's License _____

Male/Female _____

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

I hereby certify that the above information is true and correct. I understand that falsification of any of the above information may lead to discipline, termination, and/or denial of promotion of employment.

Name _____ Date _____