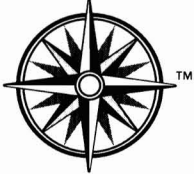


LANDMARK



HOSPITAL™

APPLICATION for EMPLOYMENT

www.landmarkhospitals.com

PLEASE PRINT NAME

_____ / /
Last

_____ First

_____ Middle Initial

_____ Date

PRESENT ADDRESS

_____ Street

Phone: _____

Work: _____

Cell: _____

_____ City

_____ State

_____ Zip

*Date of Birth _____

Social Security Number _____ - _____ - _____

*The Age Discrimination Employment act of 1967 prohibits discrimination on the basis of age if you are 40-70 years of age. Providing this information is voluntary

JOB INTERESTS

Position You
Are Applying For

Can you work weekends and holidays? Yes No

FULL TIME

PART TIME

PRN (AS NEEDED)

PER DIEM

DAYS

NIGHTS

WEEKEND OPTION

Date available for employment: _____ / _____ / _____

Expected Pay: \$ _____ per _____

What led you to apply at
Landmark Hospital?

Employee Referral (Name) _____

Advertisement (Name of Journal, Newspaper, etc.) _____

Other (Specify) _____

Landmark Hospital is an equal opportunity employer and does not unlawfully discriminate in hiring or terms and conditions of employment on basis of race, color, religion, creed, national origin, sex handicap as defined by law, or on the basis of age as defined by law.

PERSONAL

List names and relationship of relatives employed at Landmark Hospital	
Have you, since the age of 18, been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: A conviction will not necessarily bar you from employment</i>
Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No Can you submit proof that you are at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what is your age? _____

EDUCATION

	Name & Location of School	Years Attended		Degree Received	Major Courses or Specialty
		From	To		
High School					
Business, Trade or Correspondence School					
College-Undergraduate					
College-Graduate					
Other (such as G.E.D., etc.)					

Are you attending school now? Yes No Course of study?
If yes, where?

Do you plan further educational study? Yes No What field?
If yes, when?

FOR OFFICE APPLICANTS ONLY

Have you had specific courses in the following? (List others) <input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Accounting <input type="checkbox"/> Data Processing <input type="checkbox"/> Shorthand _____ WPM <input type="checkbox"/> Medical Transcription <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Filing <input type="checkbox"/> _____	Can you operate any of the following (List others) <input type="checkbox"/> Adding Machine <input type="checkbox"/> Computer <input type="checkbox"/> _____ <input type="checkbox"/> Word Processor <input type="checkbox"/> Dictaphone <input type="checkbox"/> _____ <input type="checkbox"/> Calculator <input type="checkbox"/> Switchboard <input type="checkbox"/> _____
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PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	State Issued	Date Rec'd.	Registration and / or Certification Number	License Number
1.				
2.				
3.				
4.				
5.				

EMPLOYMENT

Give past employment record as completely as possible, starting with your present or latest employer. Include part-time and summer employment. If not employed at these employers under your present name, please list your name at that time.

Present or Last Employer	Address	City	State	Zip	Phone
Type of Business	Employed From From _____ mo. _____ yr. to _____ mo. _____ yr.		Starting Pay \$ _____ Per _____ Hour Month Year		Ending Pay \$ _____
Present or Last Supervisor's Name & Title	Your name at time of employment				
Your Title and Duties	Reason for leaving: _____ _____ _____				
_____ _____ _____					
Previous Employer	Address	City	State	Zip	Phone
Type of Business	Employed From From _____ mo. _____ yr. to _____ mo. _____ yr.		Starting Pay \$ _____ Per _____ Hour Month Year		Ending Pay \$ _____
Present or Last Supervisor's Name & Title	Your name at time of employment				
Your Title and Duties	Reason for leaving: _____ _____ _____				
_____ _____ _____					
Previous Employer	Address	City	State	Zip	Phone
Type of Business	Employed From From _____ mo. _____ yr. to _____ mo. _____ yr.		Starting Pay \$ _____ Per _____ Hour Month Year		Ending Pay \$ _____
Present or Last Supervisor's Name & Title	Your name at time of employment				
Your Title and Duties	Reason for leaving: _____ _____ _____				
_____ _____ _____					
Previous Employer	Address	City	State	Zip	Phone
Type of Business	Employed From From _____ mo. _____ yr. to _____ mo. _____ yr.		Starting Pay \$ _____ Per _____ Hour Month Year		Ending Pay \$ _____
Present or Last Supervisor's Name & Title	Your name at time of employment				
Your Title and Duties	Reason for leaving: _____ _____ _____				
_____ _____ _____					

EMPLOYMENT, Cont.

May we contact employers listed? Yes No

If not, indicate which one(s) you do NOT wish us to contact. _____

Please state reasons for periods of unemployment and list any other employment in the following space _____

Have you ever been involuntarily discharged from a job? Yes No If yes, please explain and give dates

Professional Memberships & Offices Held (Excluding Religious, Racial, National and Political Groups)

MEDICAL

Is there any reason you could not perform the essential duties of the job for which you have applied? Yes No

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements, misleading statements, or omissions on this application shall be considered sufficient cause for dismissal. You are hereby authorized to conduct an investigation of my educational and employment history, recognizing that my employment is based on receipt of satisfactory information from former employers or personal references, and the result of a medical examination.

Landmark Hospital requires all new employees to undergo blood and/or urinalysis screening for drug and/or alcohol use as part of their pre-employment health screening.

Also, as a requirement of the employment application process, I consent to the release of my criminal records to my prospective employer. My prospective employer will consider material contained in my criminal history records solely for the purposes of determining my suitability for the position(s) for which I applied. I do not authorize release of this information for any purposes beyond this employment decision. I understand that a prior conviction may not necessarily disqualify me for employment, but will be a factor which may be considered in the hiring decision.

Signature of Applicant _____ Date _____

LANDMARK



HOSPITALTM

Voluntary Information

This information is being requested for statistical purposes only and will not be maintained with your application. Your submission of this information is optional.

Today's Date: _____

Position you applied for: _____

Check One:

<input type="checkbox"/> Male
<input type="checkbox"/> Female

Date of Birth: _____

Check On:

<input type="checkbox"/> White
<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian or Alaskan Indian
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Other

Thank you for your assistance!

MHA Management Services Corporation - Background Check Request Form

03/06/07

MHA Management Services Corporation
P.O. Box 6766, Jefferson City, MO 65102
Phone: 573/893-3700 Fax: 573/893-7669
Name, Title
Company
Phone: Fax:
First Name Middle Name Last Name
Alias/Maiden Name Check Alias Name? Will Employee's Salary Exceed \$75,000?
Social Security Number Date of Birth Race Gender
Mailing Address (NO P.O. Boxes) City State Zip Code

As part of the employment volunteer student credentialing process, I consent to the release of my criminal background records and motor vehicle driving records by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for employment volunteer student credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report with respect to my application for employment volunteer student credentialing purposes.
DATE: ___/___/___
Signature of Applicant Signature of Witness

CHECK ALL BACKGROUND SEARCHES NEEDED

OIG (Medicare/Medicaid Fraud & Abuse) GSA (Federal Procurement Fraud) Address Verification SSN Verification Alias Search
Government Watch List (DOC Entity List, DOC Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List and the DOS Proliferation List)
DFS (MO Child Abuse and Neglect - Need Address/No P.O. Boxes) FCSR** (Must Fax Necessary Documents) Credit Report (Requires special agreement)
Federal Courts through PACER State 1: 2: Sex Offender Nationwide or State 1: 2:
Driving Record Check State: DL#
Professional License Verification State: License Type: License Number:
Education Verification
School Name: City/State: Graduation Date:
Degree(s) Earned: Alias Name(s) While Attending:
If additional Education Verifications are needed, refer to application during data entry or document on another Background Check Request Form.
Employment Verification
Company: Address: City/State:
Phone: Supervisor: Starting Date: Ending Date:
Title: Duties:
Starting Wage: \$ Yr/Hr Ending Wage: \$ Yr/Hr Reason for Leaving:
If additional Employment Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, LA, MA, NM, ND, VT, WV and WY

County 1: State: County 2: State: County 3: State:

- OneScreen Database - 50 state criminal and sex offender search. Also searches several domestic and international sanctions and blocked person(s) lists.
Illinois Healthcare - Compliance with Illinois Health Care Worker Background Check Act (ISP Full-State Repository Criminal)
Canadian Criminal - by Province 1: 2:
Puerto Rico Repository

STATEWIDE REPOSITORY- Central repository access

- AK* AR* CO FL GA* ID** IN IA** KS KY ME MI
MISSOURI - includes sex offender search NE NH** NY OK OR PA SC WA WI

STATEWIDE EXPEDITED - County by county court retriever access within the state

- AL CT DE DC HI MD MN NJ NC RI SD

STATEWIDE DATABASE - Department of Corrections/other state or county department access

- AZ MI MT NV OH TN TX UT VA

* & ** Requested Form(s) must be faxed to MSC 573/893-7669

**Disclosure to Employment Applicant
Regarding Procurement of
A Consumer Report**

In connection with your application for employment, Landmark Hospital may obtain a consumer report on you as part of our process of considering you for employment. These reports may include public record information such as your driving record, criminal history, social security verification and address history. Private information such as credit history may be obtained.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights.

Applicant's Authorization and Release

I hereby authorize Landmark Hospital to obtain consumer reports about me as described above for the purpose of qualifying me for employment, and I release Landmark Hospital as well as all other entities from which the consumer reports are obtained from any claim or liability related to obtaining, compiling or releasing such reports. I also agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

Applicant's Name

Signature

Social Security Number

Driver License Number

State

Date