

Foundation Health Services, Inc.

17617 S. Harrell's Ferry Road
Baton Rouge, LA 70816
(225) 753-0864

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: _____

(Please print in ink clearly and complete all questions in full)

Name: _____ Social Security No. _____
Last First Middle

Address: _____
Number and Street Apt. City State Zip Code

Telephone No: () _____ Message/Contact No: () _____

Position or type of work for which you are applying: _____

Are you applying for: Full Time Part Time Wage or Salary Desired: _____

If seeking part-time, specify the number of hours and what days you wish to work: _____

How did you hear of this company? _____

Are you presently employed? Yes No Why do you wish to change jobs? _____

How soon are you available to start employment? _____

Do you have the legal right to work in the United States? Yes No (If hired proof of status will be required)

Are you over 18 years of age? Yes No

Have you ever been convicted of a crime by a civilian or military court? (other than a minor traffic violation):
Yes No

If yes, give details (date, place, offense(s) charged, dispositions, etc.) _____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Have you ever plead guilty, pled no contest, had adjudication withheld, or been placed in a pre-trial intervention program as a result of being charged with a crime? Yes No

If yes, give details (date, place, offense(s) charged, disposition, etc.) _____

Have you ever been excluded from participation in a federal health care program such as Medicare or Medicaid by way of payment or employment? Yes No

Have you ever been the subject of an investigation, claim or any other action concerning any professional licenses held by you? If yes, please explain in detail: Yes No _____

Do you have any relatives employed at this company? Yes No
If yes, state name and relationship: _____

Applicant Name: _____

Foundation Health Services, Inc.

Have you ever worked for Foundation Health Services, Inc. before? Yes No

If yes, state the name of the facility and the dates of employment: _____

EDUCATION AND TRAINING:

Type of School	Name and Location of School	Course of Study	Circle Last Year Completed	Did you Graduate?	Type of Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS*

Type	Organization or State Issued	Date Issued	Number	Expiration Date

*Have any of the above listed licenses been suspended, revoked, rejected, put on probation or otherwise encumbered by the licensing authority? Yes No

*If yes, please provide details: _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please give dates: _____

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Check if you can operate or do any of the following:

- | | | | |
|--|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Net WPM | <input type="checkbox"/> Microsoft Office 2000 | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Transcriber | | <input type="checkbox"/> Word | _____ |
| <input type="checkbox"/> Personal Computer | | <input type="checkbox"/> Excel | _____ |
| | | <input type="checkbox"/> Access | _____ |
| | | <input type="checkbox"/> Outlook | |
| | | <input type="checkbox"/> PowerPoint | |
| | | <input type="checkbox"/> Publisher | |
| | | <input type="checkbox"/> CITRIX | |
| | | <input type="checkbox"/> Great Plains | |

Applicant Name: _____

Foundation Health Services, Inc.

EMPLOYMENT HISTORY: NOTE: "SEE RESUME" is not acceptable.

List all of your previous positions held within the last ten (10) years. If you do not have enough space use additional paper. Accuracy of dates and addresses is essential.

1. Present or Last Employer: _____

Address: _____
(Street) (City/State) (Zip)

Telephone No: (_____) _____ Immediate Supervisor: _____
(Name/Title)

Position Held: _____ Salary: \$ _____ per _____ \$ _____ per _____
(Start) (End)

Employed From: _____ to _____ Reason for Leaving: _____
(mo/yr) (mo/yr)

Duties: (Explain Fully) _____

May we contact the employer listed above? Yes No

2. Present or Last Employer: _____

Address: _____
(Street) (City/State) (Zip)

Telephone No: (_____) _____ Immediate Supervisor: _____
(Name/Title)

Position Held: _____ Salary: \$ _____ per _____ \$ _____ per _____
(Start) (End)

Employed From: _____ to _____ Reason for Leaving: _____
(mo/yr) (mo/yr)

Duties: (Explain Fully) _____

May we contact the employer listed above? Yes No

3. Present or Last Employer: _____

Address: _____
(Street) (City/State) (Zip)

Telephone No: (_____) _____ Immediate Supervisor: _____
(Name/Title)

Position Held: _____ Salary: \$ _____ per _____ \$ _____ per _____
(Start) (End)

Employed From: _____ to _____ Reason for Leaving: _____
(mo/yr) (mo/yr)

Duties: (Explain Fully) _____

May we contact the employer listed above? Yes No

Applicant Name: _____

Foundation Health Services, Inc.

Professional References:

Please list three business people, professionals or other persons who are not relatives, former employees or employees of this Company. If not applicable, list three schools or personal references who are not related to you.

Name	Occupation	Telephone number	Years known
1.			
2.			
3.			

IMPORTANT: READ CAREFULLY

I hereby certify that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false, incomplete or misleading information given by me on this form, regardless of when it is discovered, may disqualify me from further consideration for employment, and may be justification from employment, if discovered at a later date.

I hereby authorize Foundation Health Services, Inc., or its affiliates to investigate all statements contained in this application and in so doing to contain and obtain information from all references, employers, educational institutions, law enforcement agencies and any other organizations referenced in this application. I also release Foundation Health Services, Inc. from any liability arising there from and release former employers and references from any liability in furnishing information pertaining to my background and business experience.

I agree to immediately notify the Company if I should be arrested or convicted of any criminal offense while my job application is pending, or during my period of employment, if hired.

I hereby agree that I have no specific rights of privacy in any property brought onto the premises, and consent to the search of any and all personal property and items brought onto Company premises, including motor vehicles.

I recognize that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check and a health screening that includes a drug test, and I hereby consent to said background check, health screening and drug test.

I understand that, if employed, the Company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between the Company and myself.

I understand that no Company representative of Foundation Health Services, Inc. , other than its president, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing.

Date

Signature

This application will be considered current for sixty (60) days from this date. After that time, the application must be renewed to be considered.

Foundation Health Services, Inc is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in all employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status or disability.