



Date: _____

Confidential Employment Application

Personal Information				
Legal Last Name	Legal First Name	Legal Middle Initial	Preferred Name	
Physical Address		City	State	Zip Code
Mailing Address (if different than above)		City	State	Zip Code
Cell Phone		Home Phone		
E-Mail Address				
<p>How did you hear about employment opportunities with Monroe Surgical Hospital?</p> <p> <input type="checkbox"/>MSH Website <input type="checkbox"/>Social Media <input type="checkbox"/>Indeed <input type="checkbox"/>Referred by: <input type="checkbox"/>Other: </p> <p>Do you have any relatives (spouse, parent, child, sibling, in-law, or other family relationship) currently employed with Monroe Surgical Hospital, Vantage Health Plan or Affinity Health Group?</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p> <p>If yes, please state name(s) and relation: _____</p>				
<p>Are you eligible to work in the United States?</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p> <p>Are you a veteran?</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p> <p>Have you ever been charged with, convicted of, or plead guilty to a misdemeanor or felony?</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p> <p>If yes, please explain: _____</p>		<p>Do you now need or in the future expect to need employer sponsorship or other immigration assistance for your employment in the United States?</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p>		
<p>Are you currently excluded on the Office of Inspector General List of Excluded Individuals and Entities (OIG LEIE), the Systems for Award Management Exclusion List (SAM) and/or the Office of Foreign Assets Control Sanctions List (OFAC)? (See page 6 for additional information regarding federal health care program exclusion lists.)</p> <p> <input type="checkbox"/>Yes <input type="checkbox"/>No </p>				
Education				
	Name of Accredited School/Institution	Location (City, State)	Degree Obtained	
High School:				
College/University:				
Graduate/Professional:				
Business/Trade:				
Other:				
Professional License Number/Certification(s):				

Employment History (10-year beginning with most recent)		
Employer	Location (City, State)	
Dates of Employment	Position(s) Held	
Supervisor	Contact Number	
Salary \$	Reason for Leaving	
Employer	Location (City, State)	
Dates of Employment	Position(s) Held	
Supervisor	Contact Number	
Salary \$	Reason for Leaving	
Employer	Location (City, State)	
Dates of Employment	Position(s) Held	
Supervisor	Contact Number	
Salary \$	Reason for Leaving	
Have you ever been terminated from employment? (Answering "yes" does not automatically disqualify you for employment)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Briefly summarize acquired skills and qualifications:		
Professional References (to whom you have no relation)		
Name	Contact Number	Employer
Name	Contact Number	Employer
Name	Contact Number	Employer

Monroe Surgical Hospital participates in the E-Verify Employment Verification Program.

Monroe Surgical Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, religion, sex, age, disability, genetic information, sexual orientation, gender identity, or protected veteran status.

Confidential Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is current and correct to the best of my knowledge. I understand that providing false information is grounds for refusal to hire and for discharge should I be hired.

I authorize all of the persons and organizations listed on this application to give you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to conform to the rules and regulations of Monroe Surgical Hospital (“MSH”). I acknowledge that rules may be changed, withdrawn, or added at any time at MSH’s sole opinion and without prior notice to me.

I understand that employment with Monroe Surgical Hospital is on an “at-will” basis. I also acknowledge that any employment with MSH may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of MSH or myself. An employee’s “at-will” status may not be altered except by a written agreement executed by MSH’s CEO.

If you think you might need an ADA (Americans With Disabilities Act) accommodation for the application process or on the job, you must request such. You may request a reasonable accommodation at any time during the application process or any time before or after you start working. This request should be made to the CEO or Human Resources Director.

I have read and understand this disclaimer and acknowledgement.

Signature

Date

Printed Name

Confidential employment applications are kept on file for one year.

Pre-Employment Drug Screen Consent Form

I understand that pursuant to Monroe Surgical Hospital's ("MSH") Policy for a Drug and Alcohol-Free Workplace, I am required to complete a drug screening test, and I hereby give my voluntary consent to submit a urine sample for the purpose of determining the presence of alcohol, the use of illegal drugs, and/or the abuse of controlled substances. I further agree to and hereby authorize the release of my results to the company officials who make employment decisions for MSH.

In addition, I understand that, should I receive an offer of employment, the offer is contingent upon passing the drug screening test and that a positive test, refusal to authorize this form, refusal to take the test, and/or failure to produce a specimen will prohibit my obtaining employment with MSH.

I agree to hold harmless MSH and its appointed facilities from any liability arising in whole or part out of the collection and testing of my specimen and the use of information from said testing in connection with MSH's consideration of my employment.

Signature

Date

Printed Name

Applicant Reference Release

I hereby authorize Monroe Surgical Hospital (“MSH”) to contact any company, person, or educational institution I listed as a reference on my employment application. I hereby allow any company, person, or educational institute I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes.

I agree to release and discharge MSH and MSH’s successors, employees, officers, and directors as well as any company, person or educational institution I have listed as a reference for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, for providing or receiving any information regarding my qualifications for employment. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

Signature

Date

Printed Name

Federal Health Care Program Exclusion Lists

In compliance with healthcare regulations, Monroe Surgical Hospital monitors federal health care program exclusion lists, including the **Office of Inspector General List of Excluded Individuals/Entities**, the **System for Award Management** exclusion list, and the **Office of Foreign Assets Control** sanctions list on a regular and ongoing basis to ensure that potential hires and current employees are not excluded from participation in Medicare, Medicaid, and/or all other Federal health care programs. Hiring and/or retaining an excluded individual could subject the organization to certain civil and monetary penalties.

The **Office of Inspector General (“OIG”)** with the U.S. Department of Health and Human Services has the authority to exclude individuals and entities from federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from federal healthcare programs for any items or services they furnish, order, or prescribe. This includes those that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan). The OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (“LEIE”). This list provides information to the healthcare industry, patients, and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other federal health care programs.

The General Services Administration similarly maintains several exclusion lists managed through the **System for Award Management (“SAM”)** to prevent fraudulent handling of the healthcare system and other government entities. The SAM contains debarment actions taken by various Federal agencies, including exclusion actions taken by OIG. The LEIE contains only the exclusion actions taken by OIG.

The **Office of Foreign Assets Control (“OFAC”)** with the U.S. Department of the Treasury publishes a list of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. The OFAC also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country-specific. Collectively, such individuals and companies are called Specially Designated Nationals. Their assets are blocked, and U.S. persons are generally prohibited from dealing with them.

Background Screen and Exclusion List Data Sheet

List all names used starting with most current. (attach additional sheet if necessary)		
First Name	Middle Name	Last Name
Maiden Name		Date Changed
Other Last Name Used		Date Changed
Other Last Name Used		Date Changed
Other Last Name Used		Date Changed
List all residences for the past 7 years starting with most current. (attach additional sheet if necessary)		
Address	City	State
County/Parish	Zip Code	Length of Residence
Address	City	State
County/Parish	Zip Code	Length of Residence
Address	City	State
County/Parish	Zip Code	Length of Residence
Address	City	State
County/Parish	Zip Code	Length of Residence
Current Phone Number (with area code)	Social Security Number	
Date of Birth	Gender	
Driver's License Number	Driver's License State	

This information will not be used as hiring criteria.

It will be used following an offer of employment, should one be extended, in conjunction with the company's background screening and federal exclusion list screening purposes only.

Para informacion en espanol, visite 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 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 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 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.
- **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.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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.

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 consumer 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 600 Pennsylvania Avenue, N.W. 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 Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & 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, S.W., Suite 8200 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>Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>