



# Job Application

Poplar Healthcare is an equal opportunity employer. No aspect of employment with us—including our hiring process—is influenced in any manner by race, color, religion, gender, sexual orientation, national origin, ancestry, age, marital status, physical or mental disability, veteran or citizenship status or any other basis prohibited by law.

(Please Print)

Position(s) Applied For : \_\_\_\_\_ Date of Application : \_\_\_\_\_

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

Address : \_\_\_\_\_  
Street City State Zip County

Daytime Phone Number : ( ) - \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone Number : ( ) - \_\_\_\_\_ Home Phone Number ( ) - \_\_\_\_\_

How did you first hear about us?  Advertisement  Job Posting  
 Internet Web Page  Employee Referral  
 Other: \_\_\_\_\_

## General Questions

	Yes	No
Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed an application with us previously?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what was the date of your previous application?		
Have you ever been employed by Poplar Healthcare?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give the dates of your employment: From: _____ To: _____		
If employed, can you submit verification of your right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
What date are you available to start work?		
Are you presently employed?	<input type="checkbox"/>	<input type="checkbox"/>
Type of employment desired? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Are you willing to work overtime if the job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? <small>"Conviction" includes any plea, verdict or finding of guilt or nolo contendere regardless of whether or not a sentence was imposed by the court.</small>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide your conviction date(s) and explain: (A conviction will not necessarily be a bar to employment with Poplar Healthcare. Factors such as the age, nature and severity of the offense will be taken into account.)		
_____		
_____		
Please list in the space below any certificates or licenses you hold, specialized training you have completed, or equipment you have operated which may qualify you for employment with Poplar Healthcare.		
_____		
_____		
Please list in the space below all "Non-Compete" agreements signed by you and currently in force: (Be specific. Include the name, address and telephone number of all parties(s) to the agreements.)		
_____		
_____		

# Education

School Level	Name, City & State of School	Major	Diploma/Degree
High School			
College			
Graduate School			
Vocational/Business			

# Employment History

Please list your last three employers, starting with the most recent. Include military service, if applicable. Complete this section even if you provide a resume. If you have not worked for at least three employers, personal references must be used in lieu of former employers. Personal references may not be related to you in any way.

Employer:		Telephone (      )
Address:		Dates Employed: From:      To:
Your Title:	Your Immediate Supervisor's Name & Title:	Hourly Rate or Salary: \$:      Per:
Please Summarize Your Job Responsibilities::		May we contact this employer to obtain an employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Leaving:		
Employer:		Telephone (      )
Address:		Dates Employed: From:      To:
Your Title:	Your Immediate Supervisor's Name & Title:	Hourly Rate or Salary: \$:      Per:
Please Summarize Your Job Responsibilities:		May we contact this employer to obtain an employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Employer:		Telephone (      )
Address:		Dates Employed: From:      To:
Your Title:	Your Immediate Supervisor's Name & Title:	Hourly Rate or Salary: \$:      Per:
Please Summarize Your Job Responsibilities:		May we contact this employer to obtain an employment reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		

I certify the facts contained in this Job Application are true and complete to the best of my knowledge. I hereby authorize Poplar Healthcare to investigate all information provided by me on this Job Application. I hereby authorize all previous employers to release to Poplar Healthcare any and all information concerning my previous employment. I hereby release all parties from all liability for any damage(s) that may result from furnishing this information to Poplar Healthcare. I agree to abide by all rules and regulations of the company. I understand that I must submit to required drug testing and/or physical exams as required by company policy. All job offers will be contingent upon successful completion of the pre-employment physical and drug screening.

If I am employed by Poplar Healthcare, I understand false or misleading information provided by me on this job application and/or other paperwork and/or in personal interviews may result in termination of my employment. I further understand my employment with Poplar Healthcare is "at-will"—meaning Poplar Healthcare reserves the right to terminate my employment at any time with or without prior notice or cause. I understand no one other than the President/CEO of Poplar Healthcare has the authority to change my at-will employment status to employment for a specified period of time through the execution of a written "Employment Contract" signed by myself and the President/CEO of Poplar Healthcare. Absent such a contract, I understand my employment status remains at-will. I understand this Job Application is considered current for six (6) months. After that time, I understand I must fill out a new Job Application if I still wish to be considered for employment.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Through this document, it is being disclosed to me and I understand that a Consumer Report or Investigative Consumer Report may be prepared about me as a part of my employment and/or continued employment (this includes volunteers and contracts for service). An "investigative consumer report" includes information as to your character, general reputation, personal characteristics and mode of living.

I authorize \_\_\_\_\_ to procure a Consumer Report from Data Facts, Inc. and its agents to retrieve necessary information and prepare such Consumer Report. If an Investigative Consumer Report is procured then "A Summary of Your Rights under the Fair Credit Reporting Act" will be provided to you at the time you receive this disclosure and authorization. I understand that my consent will apply throughout my employment, to the extent permitted by law.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights, under the Fair Credit Reporting Act". I may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand I have a right to inspect those files with reasonable notice during regular business hours. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Data Facts, Inc. 8520 Macon Rd, Ste 2, Cordova, TN 38018 (800)264-4110, 901-685-7599 [www.datafacts.com](http://www.datafacts.com)**

May your current employer be contacted  yes  no  not currently employed  post hire only

**California, Minnesota, or Oklahoma** – Are you employed in, seeking employment in or a resident of one of these states? If so, do you wish to receive a copy of any Consumer Report of which you are the subject of?

yes  no

**Maine and New York** – You have the right, upon request, to be informed of whether a Consumer Report about you was requested by the above name company.

Signature of Applicant or Employee	Date
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The following is for identification purposes (to perform the background check and will not be used for any other purpose)

First Name	Middle Name	Last Name
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Drivers License #	State Issued
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Social Security Number	Date of Birth
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Current Address	City
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State	Zip Code	County	Length at Address
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Previous Address – list any counties, cities, states you have lived in the previous 7 years
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Other Names – list any other last names you have used in the previous 7 years
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Education - List any other last name under which you received your GED, High School Diploma or other academic credentials
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## DEMOGRAPHIC INFORMATION ON APPLICANTS

Name:	
Job Applying For:	Date:

### Your Privacy Is Protected

This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Your responses are treated in a highly confidential manner. Your responses are not released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public.

### 1. How did you learn about this position? (Check One):

- |   |   |
|---|---|
| <input type="checkbox"/> Agency Internet Site recruitment | <input type="checkbox"/> If an Employee Referral, list name of employee:<br>_____ |
| <input type="checkbox"/> Poplar Healthcare Web Site       |   |
| <input type="checkbox"/> Local Job Information Center     |   |
| <input type="checkbox"/> Other:<br>_____                  |   |

### 2. Race / Ethnicity (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Other                                     |
| <input type="checkbox"/> Black or African American        |  |

### 3. Sex (check one):

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

### 4. National Origin:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> United States | <input type="checkbox"/> Other: _____ |
|--|---------------------------------------|

### 5. Disability (if applicable):

- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

**Privacy Act Information:** This information is provided pursuant to Public Law 93-579 ("Privacy Act of 1974"), for individuals completing Federal records and forms that solicit personal information. The authority is Title 5 of the U.S. Code, sections 1302, 3301, 3304, and 7201.