



Applicant Acknowledgement

(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Open Door Health Care Agency learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the regency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at Open Door Health Care Agency.

I authorize Open Door Health Care Agency to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize Open Door Health Care Agency to disclose this application along with any information about me obtained through reference checks or during the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Open Door Health Care Agency to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Open Door Health Care Agency and any individual or entity providing information to Open Door Health Care Agency from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as test-ing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment con-tract between Open Door Health Care Agency and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that Open Door Health Care Agency retains the same right to terminate my employment at any time.

I understand that should I become employed by Open Door Health Care Agency, my work assignments, schedules and/or work locations are subject to change per the needs of the business and the clients of Open Door Health Care Agency.

I understand that Open Door Health Care Agency is committed to promoting safety and high standards of employee performance, productivity and reliability. To achieve this, I may be subjected to a drug test prior being hired to assure Open Door Health Care Agency I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, Open Door Health Care Agency will not hire me.

I understand that Open Door Health Care Agency reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in Open Door Health Care Agency has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of Open Door Health Care Agency.

Applicant's Signature _____ Date _____

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), Open Door Health Care Agency adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by Open Door Health Care Agency. Open Door Health Care Agency offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

Application Reviewed By _____ Date _____