

Access MedStaffing Solutions Healthcare, LLC (AMS)

8295 Tournament Drive, Suite 150

Memphis, TN 38125

Phone: (901) 273-2016

Email: med_staffing1@bellsouth.net

Website: accessmedstaffing.com

To become an employee of **AMS** you Must Meet Minimum Staff Requirements:

- Must be at least 18 years of age.
- Must possess documents verifying Eligibility to work in the United States.
- Must be able to read, write, and communicate verbally in English.
- Must be able to read and understand instructions, perform record keeping, and write reports.
- Must successfully pass a criminal background check.
- Must not be listed on any registries that report Abuse or Sexual Offenses and/or Exclusions.
- Must have 5 years of Verifiable employment history or activity.
- Must have a good driving record and valid driver's license.
- Must satisfy requirements of Department of Health for Tuberculosis testing.
- Dependable Transportation and Current Automobile Insurance.
- Must be able to use a computer and electronic devices to create or complete required documentation.

Must have Valid Acceptable Identification/Documentation verifying U.S. Citizenship or Eligibility to work in the United States. Below are a few examples of what is acceptable:

- Social Security Card
- Permanent Resident Card
- Unexpired Passport
- Certification of Birth
- U.S. Military Card
- U.S. Citizen ID Card

Must have Certification/Training record (if applicable):

- Current First Aid/ CPR Card
- DIDD/Relias Training
- Professional License
- Medication Administration Certification or the ability to obtain certification within 90 days.

Other:

- Current Automobile Insurance (if applicable)
- Proof of recent TB skin test or chest x-ray (for Nurses only)

MISSION

The mission of AMS is to support persons served and promote healthier, happier lives in a fulfilling, person centered environment. *Helping people is what we do...*

I certify that I meet the minimum job requirements listed above.

Name _____ Signature: _____ Date: _____

Access MedStaffing Solutions Healthcare, LLC is an Equal Opportunity Employer

Federal Law Prohibits Discrimination in Employment: It is illegal to discriminate against any person because of race, color, creed, religion, sex, age, handicap, or national origin in recruitment, training, hiring, discharge, promotion, or any condition, term or privilege of employment.

Access MedStaffing Solutions Healthcare, LLC.

EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-9				Date:
Name:	Last	First	Middle	Maiden
Present Address:	Number	Street	City	State Zip
How Long:	Social Security No: xxx-xx-xxxx			
Telephone: (xxx) xxx-xxxx	Mobile Telephone: (xxx) xxx-xxxx	Email Address:		
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired: _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year			No Pref. _____ Thu _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____	
How many hours can you work weekly?	Can you work nights?	Are you interested in live-in positions (Companion)?		
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	SCHOOL NAME	COMPLETE MAIL ADDRESS	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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Have you ever been convicted of a crime?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have dependable means of transportation to work?			
Driver's License Number:	State of issue:	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
Expiration Date:	Email:		
Have you had any accidents during the past three years?		How many?	
Have you had any moving violations during the past three years?		How Many?	
OFFICE ONLY			
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No
Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills:
Please list four references other than relatives or previous employers.			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address/Phone		Address/Phone:	
References			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address/Phone:		Address/Phone:	

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Applicant's Agreement and Certification

1. I certify that the facts set forth in this Application for employment are true and complete to the best of my knowledge. I understand that any false statements omissions or misrepresentation may result in denial of employment or my dismissal, after employment. I authorize AMS to investigate any of my responses as set forth in this application and release the Company from any liability.
2. I understand that employment at AMS is "at will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by stature, and that all employment is continued on that basis.
3. I understand that if a conditional offer of employment is made to me it is conditioned upon my successful completion of a medical examination. I further understand that the company also performs random drug testing throughout the course of employment.
4. I understand that if employed, policies or procedures, in whole or in part may be revised at any time and that I have an obligation to remain informed and seek clarification to the best of my ability.
5. I understand that all property, personal or otherwise on AMS premises is subject to search at any time, with or without notice.
6. I understand that this application will be kept on active for 90 days from the date completed after which time I have to reapply in accordance with established company procedures.

Authorization and Request for Reference information

I have applied for a position with AMS. I authorize all my current and former employers to provide reference information, including my job performance, my work record and attendance, the reason(s) for my leaving, my eligibility for rehire and my suitability for the position I am now seeking. I encourage my current and former employers to provide complete responses to requests for information, which is believed to be true but not documented. I realize some information may be complimentary and some may be critical.

I promise I will not bring any legal claims or actions against my current or former employer due to their responses to job references requests. I recognize there is also a State Statute which provides my employers with certain protection from such claims. I realize no one is required to give a reference, so I make this commitment to encourage the free exchange of reference information.

I signed this release voluntarily and was not required to do so as part of the application process.

Authorization and General Release for DIDD and AMS

I certify and affirm that to the best of my knowledge and belief I have not had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize AMS and Tennessee Department of Intellectual and Developmental Disabilities to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, exploitation and exclusions.

Applicant's Full Name(s) _____

Applicant's SSN _____ DOB _____ DL# _____ DL State _____

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

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Background Investigation Requested By:
Access MedStaffing Solutions Healthcare, LLC
8295 Tournament Drive, Suite 150
Memphis, TN 38125

Background Investigation Compiled By:
Fowlers' Profile Links, Inc.
P. O. Box 291043
Nashville, TN 37229-1043

Access MedStaffing Solutions Healthcare, LLC

DISCLOSURE AND AUTHORIZATION FORM

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name:

_____ (Last) (First) (Middle Name)

Address:

_____ (Street) (City) (State) (Zip Code)

Social Security Number: _____ Telephone Number: _____

Other Name (s): _____ / _____
(Used Within the Last 7YRS. e.g., Maiden, Other Married Names) Year of Name Change

Driver's License Number: _____ State _____ Date of Birth: _____

Name on Driver's License: _____

Previous Residential Addresses (Previous 7 years):

Former Address: _____
Street City State Years Resided

Former Address: _____
Street City State Years Resided

Former Address: _____
Street City State Years Resided

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last 10 years?
Yes _____ No _____

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?
Yes _____ No _____

SIGNATURE: _____ DATE: _____

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DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

AMS may obtain information about you from a consumer reporting agency for Employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants as a tenant is an investigation into your education and/or employment history conducted by **Fowlers Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **AMS** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Access MedStaffing Solutions Healthcare, LLC** by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Fowlers' Profile Links, Inc., PO Box 291043, Nashville, TN, 37229, 1-866-887-7581** another outside organization acting on behalf of, **Access MedStaffing Solutions Healthcare, LLC** and/or **Access MedStaffing Solutions Healthcare, LLC** facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

NOTICE: **Fowlers' Profile Links, Inc.** requests your **Date of Birth** solely for the purpose of verifying certain records that may be produced in connection with **Fowlers' Profile Links, Inc.** background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by AMS (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AMS or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and AMS may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related screenings and/or physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I understand that if I am hired at AMS, all company provided education certificates and/or cards are the property of AMS and that AMS has no obligation to provide me the original documents or copies, and that if I desire to have copies they will be provided to me at the cost of the provided education.

I understand that if I am hired at AMS, I may be privy to sensitive information. Upon hire, I also understand that I may be asked to execute a non-compete agreement and that all information will be kept strictly confidential. If employed by, AMS, I agree to abide by its rules and regulations.

This understanding supersedes all prior agreements and representations, and any subsequent understanding that affects this arrangement must be in writing and signed by the Owner/President of AMS.

I hereby warrant that I have read and fully understood the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by AMS.

Signature of Applicant:

Date:

AMS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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