



*Abundance Healthcare Staffing Network LLC*

Exceeding healthcare needs, desires and expectations

## Abundance Healthcare Staffing Network LLC CANDIDATE APPLICATION

AgentHR (the Abundance Healthcare Staffing Network LLC) is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL			
Last Name	First	Middle Initial	Social Security - - Date Available / / /
Address			Home Telephone # ( ) -
Other Name(s) Used			Business Telephone # ( ) -
Position Applying For Salary Range Desired: \$	Email Address		Cell Phone # ( ) -
Have you ever interviewed with the Company or its affiliates before? Yes No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? Yes No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? Yes No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old and authorized to work in the United States? Yes No		If under 18, do you have a work permit?	

EDUCATION			
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Circle Highest Grade Completed:      High School      9 10 11      12  
    College, Trade or Business      1 2 3 4  
    Graduate Studies

School	Address	Major Studies	Degree, Diploma, License or Certificate

High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
Computer Skills (Hardware/Software)			
For Clerical Applicants Only:	Do you type?	Yes No	If yes, WPM:

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	

Duties & Responsibilities

Employed From / / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / / /	Employer Address	Supervisor Phone #	Ending Salary
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Duties & Responsibilities

Employed From / / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	

Duties & Responsibilities

## GENERAL

Yes No

May we contact your current employer for references?

If hired, will you be able to work overtime?

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize AgentHR to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to AgentHR and will hold AgentHR and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the AgentHR to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

My signature below constitutes the entire agreement between AgentHR and the candidate signed below with respect to representation, written or verbal, to any AgentHR clients. Therefore, any employment opportunities presented to me by AgentHR are subject to the fees between AgentHR and the client concerning the opportunity. This agreement between AgentHR and the candidate signed below constitutes the entire agreement and supersedes all prior agreements, oral or written, with respect to such subject matter. During the term of this Agreement and for a period of one (1) year thereafter, the below signed candidate shall not indirectly or directly solicit, induce or cause contact with AgentHR clients without permission as it relates to employment opportunities. The information I have provided in this application is true to the best of my knowledge.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# BACKGROUND INVESTIGATION CONSENT FORM

I, \_\_\_\_\_, hereby authorize AgentHR and/or its Agents to make an independent investigation of my background, references, character, past employment, education, credit, criminal or police records, driver's license records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications.

I release AgentHR and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

According to the Fair Credit reporting Act (FRCA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency or the source which provided the information.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (PRINTED)

\_\_\_\_\_  
Other Names Used

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City State Zip How Long?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth\* Sex\* Race\* Social Security Number

\_\_\_\_\_  
Driver's License Number State of Issue

\_\_\_\_\_  
Applicant's Signature Today's Date

Have you ever been CONVICTED of a crime or of violating any law? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on probation, parole, or suspended sentence for any conviction? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Note: The above information is required to insure positive identification and is in no manner used in qualification. This information will NOT be part of your application file.

## OFFICE USE ONLY

\_\_\_ Criminal \_\_\_ Credit Report \_\_\_ MVR \_\_\_ Employment Check \_\_\_ Drug Test \_\_\_ Other (Specify)

# DRUG SCREENING POLICY & CONSENT

I hereby willing authorize and give full permission to AgentHR to obtain and test, or send to a laboratory for testing, a specimen of my urine and/or blood for screening tests for the presence of illegal drugs, alcohol, prescription medication taken without a prescription, or abuse of legal (over-the-counter) or prescription drugs and consent to the release by physicians, laboratories, health care providers of drug screen test results to AgentHR and its customers as appropriate.

AgentHR applicants or employees who are using any prescription medication that might impair safety or efficient work performance must promptly report that use to AgentHR management. Failure to do so may be a basis for termination of work assignment.

I understand AgentHR will require a drug screen test whenever an on-the-job accident or injury is reported. I understand the AgentHR customers may also require a drug-free environment agreement with AgentHR prior to any subsequent contract work assignment. I also understand that failure to pass a drug screen will result in termination and/or removal from consideration of employment in those clients.

I also understand the AgentHR customers may request that AgentHR provide the customer with a copy of my drug test results before I may be assigned to, hired by, promoted by, or otherwise perform or continue to perform services for such customer. I hereby consent to the release of my drug test results by AgentHR to such customers.

I hereby release from any and all liability whatsoever, and will hold harmless, meaning I will not sue or hold responsible AgentHR, its shareholders, directors, officers, employees, agents and customers for any alleged damage or injury to me or interfering with my obtaining a job or continuing employment by submitting or not submitting to a drug test or as a result of the disclosure of the results of any drug test. This release includes, without limitation, any clerical or laboratory errors.

I understand that this is a legal binding document and agree to be bound by its terms.

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Applicant Signature

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Date

**Exhibit B**  
**Sample Benefits Waiver for Assigned Employees**

*This sample employee waiver language has been prepared to accompany the Health Care General Staffing Agreement and if used would apply to the specific staffing client that is party to the agreement. Many staffing firms use an employment agreement with assigned employees that includes a waiver of claim to the employee benefits of staffing clients. A sample of such an agreement is included in Employment Law for Staffing Professionals, published by the American Staffing Association. Some benefits experts believe employee waivers are not enforceable unless they are consistent with, and expressly sanctioned by, the client's benefit plan, which suggests that the waivers must be tailored to particular client situations. Staffing firms should discuss with their own legal counsel.*

**Agreement and Waiver**

In consideration of my assignment to CLIENT by ABUNDANCE HEALTHCARE STAFFING NETWORK LLC, I agree that I am solely an employee of ABUNDANCE HEALTHCARE STAFFING NETWORK LLC for benefits plan purposes and that I am eligible only for such benefits as ABUNDANCE HEALTHCARE STAFFING NETWORK LLC may offer to me as its employee. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by CLIENT, its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment to CLIENT by ABUNDANCE HEALTHCARE STAFFING NETWORK LLC and regardless of whether I am held to be a common-law employee of CLIENT for any purpose; and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

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EMPLOYEE

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Signature

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Printed Name

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Date

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WITNESS

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Signature

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Printed Name

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Date



## Exhibit C

### Sample Confidentiality Agreement for Assigned Employees

*This sample has been prepared to accompany the Health Care General Staffing Agreement and if used would apply to the specific staffing client that is party to the agreement. Many staffing firms use an employment agreement with assigned employees that includes a provision to protect the confidentiality of staffing client information. A sample of such an agreement is included in Employment Law for Staffing Professionals, published by the American Staffing Association.*

#### **Assigned Employee Confidentiality Agreement**

As a condition of my assignment by ABUNDANCE HEALTHCARE STAFFING NETWORK LLC to CLIENT, I hereby agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at CLIENT or which I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to CLIENT or its operating methods and procedures that come to my attention as a result of this assignment.

Under no circumstances will I remove physical or electronic documents or copies of documents from the premises of CLIENT.

I understand that I will be responsible for any direct or consequential damages resulting from any violation of this Agreement.

The obligations of this Agreement will survive my employment by ABUNDANCE HEALTHCARE STAFFING NETWORK LLC.

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EMPLOYEE

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Signature

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Printed Name

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Date

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WITNESS

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Signature

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Printed Name

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Date