



APPLICANT FLOW INFORMATION

Post Acute Medical, LLC ("Post Acute Medical") is an EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER. Employment opportunities are open to qualified applicants without regard to a person's race, color, sex, age, religion, national origin or ancestry, disability, or veteran status. Reasonable accommodations are made for qualified disabled individuals.

Pursuant to federal regulations, Post Acute Medical is required to maintain certain records for recordkeeping and reporting purposes, and also to monitor our progress toward our affirmative action commitments. Your response is voluntary and will be kept confidential. Your refusal to answer will not affect or harm your employment opportunities. Any information given will be used only in accordance with applicable equal employment and affirmative action Orders, Acts and regulations.

DATE: ____/____/____

NAME: _____
(Please Print)

POSITION APPLIED FOR: _____

SEX: Male Female

RACE/ETHNIC GROUP:

- White/Caucasian
- African American/Black
- Hispanic/Latino
- American Indian
- Alaska Native
- Native Hawaiian
- Pacific Islander
- Asian
- Two or more ethnic groups

WHERE DID YOU LEARN ABOUT THIS JOB:



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DISABILITY AND VETERAN VOLUNTARY DISCLOSURE QUESTIONNAIRE FOR PROSPECTIVE EMPLOYEES AND EMPLOYEES

Post Acute Medical LLC is an equal employment opportunity, affirmative action employer. Our affirmative action efforts include our efforts to hire qualified disabled individuals, disabled veterans, other eligible veterans and veterans of the Vietnam Era.

If you have a disability, or are a disabled veteran, other eligible veteran or a Vietnam veteran, and would like to be considered under our affirmative action program, please complete this form now or at any time in the future. Please know that you may or may not choose to provide us this information. Your refusal to provide this information will have absolutely no affect upon your employment.

Should you choose to provide this information, it will be kept in a separate file and will be kept confidential, except that (1) supervisors and managers may be informed regarding necessary restrictions on your work or duties and any necessary accommodations; and (2) first aid/safety personnel may be informed if appropriate, if an emergency situation may occur. Any information will be used consistently with the disability and veteran laws.

Yes No

- Are you a veteran of the Vietnam Era?
- Are you an "other eligible veteran"?¹
- Are you a disabled veteran?²
- Are you a disabled individual?³
- Do you need any accommodations? If yes, please specify:

¹An "Other Eligible Veteran" is a veteran who served in a war or other military engagement, where a campaign badge, service medal or expeditionary medal has been awarded (e.g., Persian Gulf, Bosnia, Somalia, Desert Storm, Desert Shield). A complete list may be requested.

²A disabled veteran is an individual entitled to disabled compensation by the Veterans Administration for a disability rated at 30% or more, or a person who is discharged from active duty for a disability incurred or aggravated in the line of duty.

³A disabled individual is an individual who has an impairment which substantially affects a major life activity, has a record of an impairment or is regarded as having an impairment.



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Licensure/Certification Verification Waiver

Employee: _____

Date: _____

Agency Contacted: _____

Address: _____

Telephone: _____

Contact Person: _____

Human Resources staff will verify the professional licensure or certification of each new professional employee by calling the licensing agency or on-line verification. In some cases, this form will be sent to the licensing agency, requesting a written verification of the employee's credentials.

PERMISSION TO VERIFY:

I, _____, give to Warm Springs Rehabilitation System my permission to contact the above named agency to verify my professional credentials in accordance with System policy.

Employee Signature: _____

License/Certification: _____

Number (#): _____

VERIFICATION:

_____ Employee credentials are valid until _____

_____ Employee credentials are not valid. Explanation: _____

HR Staff Signature: _____ Date: _____

**Post Acute Medical, LLC – Warm Springs
Previous Employment Verification**

Applicant's Name: _____
Former names used: _____
Applicant's Social Security Number: _____ - _____ - _____
Position Applied For: _____
Person Requesting Verification: _____

I authorize Post Acute Medical LLC – Warm Springs to verify any information with regard to my previous employment. I hereby release all former employers from any liability for giving any information regarding my employment with them.

Signature of Applicant **Date**

Or

Applicant previously signed Application and Application Disclosure Statement. Application Disclosure Statement on file in Human Resources Office.

Date of signature: _____

For Human Resources Use Only

Name of Previous Employer: _____
Phone Number: _____
Name and Position of Person Contacted: _____
Previous Position Held: _____
Date of Hire: _____ Date of Termination: _____
Reason for leaving: _____
Eligible for Rehire: _____
Comments: _____

Information taken by:

| Name | Position | Date |
|------|----------|------|
|------|----------|------|



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APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer-reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for employment purpose.

Social Security Number _____

Date of Birth _____

**Print Name exactly as stated on your
Social Security card.**

Applicant Signature

Date



Applicant Notice of Drug Testing

Because of Post Acute Medical LLC's ("Post Acute Medical"), safety concerns for all employees, and federal requirements for certain drivers, all final applicants who are given a conditional employment offer will be requested to submit to testing for the current illegal use of drugs as defined by Post Acute Medical's Substance Abuse Policy. The drug test will only be performed with the written consent of the final applicant. Applicants who decline to consent or submit to testing for the current illegal use of drugs, or who produce a *positive test result*, will not be further considered for employment.

I acknowledge that I have read and understand this notice.

Print Name

Signature

Date