

If yes, where? _____ When? (Dates) _____

Job Title? _____

If hired, would you have a reliable means of transportation to and from work? ... Yes No

Are you at least 18 years of age? Yes No

(If under 18, proof of age and a work permit may be required before hiring)

Do you have a legal right to work in the United States? Yes No

(Proof of identity and right to work in the US are conditions of employment)

Can you perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a felony that has not been judicially expunged, sealed or eradicated?.....Yes No

(A conviction does not automatically disqualify you from employment and convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state the nature of the crime(s), when and where convicted and disposition of the case(s).

Education, Training and Experience

School	Name and Address	Years Completed	Did You Graduate?	Area of Study	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>		

Do you have any other experience, training, qualifications of skills which you feel make you especially suited for work at Managed Care Systems, L.P.? If so, please explain: _____

Are you currently employed? Yes No

If so may we contact your current employer? Yes No

Employment History

List all present and past employment starting with your most recent employer. Account for all periods of unemployment. History for the last 10 years is required. Complete this section even if attaching a resume.

Company Name (*most recent*) _____

Employment dates: From _____ To _____

Address _____
Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Your Position and Duties:

Final Salary: \$ _____ May we contact? Yes No

Reason for leaving: _____

Company Name _____

Dates of Employment: From _____ To _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Your Position and Duties:

Final Salary: \$ _____ May we contact? Yes No

Reason for leaving: _____

Company Name _____

Dates of Employment: From _____ To _____

Address _____
 No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Your Position and Duties:

Final Salary: \$ _____ May we contact? Yes No

Reason for leaving: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years. (i.e... supervisors, managers, co-workers)

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ No. of Yrs Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ No. of Yrs Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ No. of Yrs Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Unless I specifically checked “no”, I agree the Company may contact my present and past employers to check this information and any matter related to my employment. I also authorize any person or company to give Managed Care Systems, LLC any information requested about me. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it is favorable or unfavorable to me. I also authorize Managed Care Systems, LLC to thoroughly investigate my references, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to any and all letters, reports and other information related to my suitability for employment, without giving me prior notice of such disclosure. In addition, I hereby release my former employers and all other persons, corporation, partnerships and associations from any and all claims demand or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by Managed Care Systems, LLC, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements at to dispute resolution, either oral or written.

_____ I understand that if Managed Care Systems, LLC hires me, I have no guarantee about the length of my employment and that either party may end the employment relationship at will, any time, with or without cause, and with or without notice.

Applicant's Signature _____

Date _____