

HEALTHQUEST, INC.

APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, HealthQuest does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bona-fide occupational qualification) or on any other basis prohibited by law. Furthermore, HealthQuest will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by HealthQuest for the job.

(PLEASE PRINT)

Date of Application ____ / ____ / ____

Specific Position Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____ Social Security Number _____

Names and Addresses of person(s) to be notified in case of an accident or an emergency.

Are you presently legally authorized to work in the United States of America

on a full-time basis? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever been employed by HealthQuest before? Yes No

If yes, when and where. _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you available to work Full Time Part-Time
 First Shift Second Shift Third Shift

Have you been convicted of a felony within the last 5 years? Yes No

(A conviction will not necessarily disqualify you for employment. The conviction will be considered only as it relates to the job in question.)

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Hourly / Salary			
		Started	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Hourly / Salary			
		Started	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip				
Job Title	Hourly / Salary			
		Started	Final	
Supervisor				
Reason for Leaving				

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Disabilities.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Disabled Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from previous employment or other life experiences:

Is there any other pertinent (job-related) information which will help us evaluate you for the job you are seeking?

List any training programs or educational experiences relevant to the position applied for:

Give name, address and telephone number of two references who are not related to you and are not previous employers.

Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, Honors Received and Extra-Curricular Activities																	

This application shall only remain active for 60 days. After 60 days , if you are still interested in employment at HealthQuest, you must fill out a new application.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

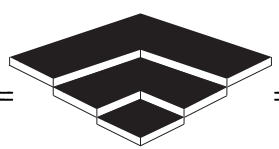
I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to HealthQuest or its duly authorized representatives for its use in deciding whether or not to offer me employment and specifically waive any liability in responding to inquires in connection with my application. Upon written request by me, within a reasonable period of time, HealthQuest will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intending to create an employment contract between HealthQuest, its subsidiaries and affiliates, and me for either employment or for the providing of any benefit. If I am offered and accept employment, I understand that the employment is for no definite period of time and may, regardless of the date and payment of my wages and/or salary be terminated by either party for any legal reason.

In signing this form, I certify that I understand all the questions and statements in this application.

Signature of Applicant

____ / ____ / ____
Date





HEALTHQUEST, INC.

Applicant Self Identification Form (Voluntary)

As a Federal Contractor, HealthQuest, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, voluntary self-reporting or self-identification is the preferred method for collecting data on race, ethnicity, and gender. Therefore we invite you to complete this self identification form, attach it to your resume/application and submit both to the appropriate contact listed on the job posting for which you are applying.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

By completing this form, you are verifying that the information you are providing is accurate and that you understand that this information will be kept confidential; that disclosure of this information does not in any way effect whether or not your application receives consideration; and that the sole use of this information is for inclusion in statistical reports required by various governmental regulations and agencies.

Check the Appropriate Boxes:

Male Female

Ethnicity: Use the following Classifications to self-identify your ethnic origin. You may select more than one box.

- 1. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 2. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 3. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 4. Black or African American: A person having origins in any of the black racial groups of Africa.
- 5. Native Hawaiian or Other Pacific: A person having origins in any of the peoples of Hawaii, Guan, Samoa, or other Pacific Islands.
- 6. Caucasian or White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

NAME (Please Print)

SIGNATURE

DATE