

## APPLICATION FOR EMPLOYMENT

All statements made on this application will be checked for accuracy. We offer equal employment opportunities to all persons applying to Associates in Sleep Medicine without regard to any legally protected status, such as race, color, religion, age, marital or veteran's status, sex, national origin or disability.

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

(1) Are you at least 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Do you have a legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

(3) \*Have you ever been convicted of a felony, or imprisoned? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

*\*Do not include any record of convictions that have been sealed or expunged.*

### **EMPLOYMENT INTEREST**

Desired Position/Position Applying For: \_\_\_\_\_

Type of employment desired: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_

Shift Preference (check all that applies):

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_ Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

Current Shifts Available to Work (check all that apply):

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Nights: \_\_\_\_\_ Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_

List any special skills, education or training that you feel may enhance your ability to perform the position you have applied for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION HISTORY**

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Years of Attended: \_\_\_\_\_ Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of College/University: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Years of Attended: \_\_\_\_\_ Major: \_\_\_\_\_

Type of Degree Achieved: \_\_\_\_\_

Other School, Education Course, or Training. Please list any degree/certificate achieved:

**PROFESSIONAL REGISTRATION**

Please list any Professional Certificates or Licenses below:

Type: \_\_\_\_\_

Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

*(Please list most recent employment first)*

(1) Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Supervisor's Email or Company Email: \_\_\_\_\_

Summary of job duties: \_\_\_\_\_

Most Current Salary: \_\_\_\_\_ / per hour/ annually (*circle one*)

Reason for leaving: \_\_\_\_\_

**MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ LATER**

(2) Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Summary of job duties: \_\_\_\_\_  
\_\_\_\_\_

Most Current Salary: \_\_\_\_\_ / per hour/ annually (*circle one*)

Reason for leaving: \_\_\_\_\_

(3) Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Summary of job duties: \_\_\_\_\_  
\_\_\_\_\_

Most Current Salary: \_\_\_\_\_ / per hour/ annually (*circle one*)

Reason for leaving: \_\_\_\_\_

**To the best of my knowledge, all statements on this application are true and accurate. I give my consent that any of the above parties listed under professional experience may be contacted for reference. I further agree that Associates in Sleep Medicine may use any and all information given within the application as needed in connection with my request for employment. I understand that any misrepresentation or omissions in the completion of this application may be justification for refusal of employment, or immediate termination of employment at any time in the future. I also understand that this application will be given every consideration and that if I am hired; my employment is for no definite period and may be terminated at any time, for any reason, regardless of the payment date of wages and salary. Finally, I understand that this application will remain active for a period of 24 months from the date shown below, and that I can become eligible to be selected for any position that is available after that period only by completing a new employment application.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **BACKGROUND CHECK DISCLOSURE DOCUMENT**

Associates in Sleep Medicine, LLC (the "Company") may order a "consumer report" (a background report) about you from a consumer reporting agency (CRA) in connection with your employment or your application for employment (including independent contractor or volunteer assignments, as applicable).

The consumer report may include information about your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. **The Company may not order a consumer report about you without your written authorization** (which you may provide through a separate document called the Authorization for Background Checks).

The Company may also request an "investigative consumer report" on you. An "investigative consumer report" is a type of consumer report that involves personal interviews conducted for the Company by the CRA, most commonly with an individual's prior employers or references.

You have the right to request more information about the nature and scope of any investigative consumer report obtained on you by contacting the Company.

Additionally, the Fair Credit Reporting Act gives you specific rights in dealing with CRAs. You will find these rights summarized in a separate document titled A Summary of Your Rights Under the Fair Credit Reporting Act.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.**

**PLEASE PROCEED TO THE NEXT DOCUMENT: "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT"**

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

**AUTHORIZATION FOR BACKGROUND CHECKS**

I authorize Associates in Sleep Medicine (the "Company") to obtain a consumer report(s) (or background report(s)) on me, including any investigative consumer reports. I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will prepare the background report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment or time as a volunteer or independent contractor, as applicable and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background report(s) under my legal name and any other names I may have used.

I also authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to you: credit history; public records; a Social Security number verification; driving records; military service; credentials/certifications; and verification of prior employment and education.

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Please print your legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Month/Day/Year)

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
My Commission Expires



**BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

First Name \_\_\_\_\_ Middle Name (required) \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Email Address: \_\_\_\_\_

For Identification Purposes Only: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

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

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)