| For Office Use Only | | | |
|--------------------------|------|--------------|----------|
| Hired Y/N If yes, Date// | Dept | Start Date// | Salary\$ |

CONFIDENTIAL APPLICATION FOR EMPLOYMENT



DATE: _____

| PERSONAL DATA | | | | |
|----------------------------------|-------------------------------|------------------|-------------------|---------------------------|
| LEGAL NAME: | | | | |
| (LAST) | (FIRST) | (Mı | IDDLE) | (Preferred Nam |
| Address:(Street) | | (CITY) | (STATE) | (ZIP CODE) |
| , | | , , | , , | , |
| PHONE: HOME OR MOBILE | | E-MAIL: | | |
| SSN: | Are You A Veteran? | Y/N Ari | E YOU A CITIZEN O | OF THE UNITED STATES? Y/N |
| IF YOU ARE NOT A CITIZEN OF THIS | COUNTRY, ARE YOU ELIGIBLE TO | O WORK IN THE | UNITED STATES? | Y/N |
| HAVE YOU EVER BEEN CONVICTED O | R PLEAD GUILTY OF A MISDEMEAN | NOR OR A FELON | NY? Y/N | IF YES, PLEASE EXPLAIN: |
| Referred By: | | | | |
| EDUCATION | | | | |
| 1 | NAME OF SCHOOL / LOCATION (C | ITY & STATE) | | DID YOU GRADUATE? |
| HIGH SCHOOL | | | | |
| COLLEGE / UNIVERSITY | | | | · |
| GRADUATE / PROFESSIONAL | | | | |
| BUSINESS / TRADE | | | | |
| OTHER | | | | |
| PREVIOUS EMPLOYMENT | r | | | |
| (PLEASE LIST IN CHRONOLOGICAL O | | T RECENT POSIT | TION FOR THE PAST | 10 years) |
| CURRENT OR LAST EMPLOYER: | | | | |
| Information: | | | | |
| (ADDRESS) | (CITY) |) | (STATE) | (CONTACT NUMBER) |
| SUPERVISOR: | Dates | S OF EMPLOYME | | |
| | | | (From / to) | |
| POSITION(S) HELD: | | | | |
| CALADY | De. | GOVEON I E : *** | 310 | |

| PREVIOUSLY EMPLOYED BY: | | | |
|--|---------------------------------|----------------------------|------------------|
| NFORMATION: | | | |
| (ADDRESS) | (CITY) | (STATE) | (CONTACT NUMBER) |
| UPERVISOR: | Dates of E | MPLOYMENT: | |
| | | (FROM / TO) | |
| OSITION(S) HELD: | | | |
| NDING SALARY: | REASON F | OR LEAVING: | |
| REVIOUSLY EMPLOYED BY: | | | |
| NFORMATION: | | | |
| (ADDRESS) | (CITY) | (STATE) | (CONTACT NUMBER) |
| UPERVISOR: | Dates of E | MPLOYMENT: | |
| | | (FROM / TO) | |
| OSITION(S) HELD: | | | |
| ENDING SALARY: | | | |
| PLEASE | LIST ADDITIONAL EMPLOYMENT ON R | EVERSE SIDE OF APPLICATION | |
| | | | |
| | | | |
| | | | |
| REFERENCES (PLEASE GIVE THE NAMES, ADDRESSES AND | PHONE NUMBERS OF 3 PERSON | S TO WHOM YOU ARE NOT R | ELATED) |
| JAME: | EMPLOY | YER: | |
| ADDRESS: | | | |
| (ADDRESS) | (CITY) | (STATE) (ZIP) | (CONTACT NUMBER) |
| IAME: | EMPLOY | ER: | |
| DDRESS: | | | |
| (Address) | (CITY) | (STATE) (ZIP) | (CONTACT NUMBER) |
| NAME: | Емрьо | YER: | |
| L DDD FOO | | | |
| Address(Address) | (CITY) | (STATE) (ZIP) | (CONTACT NUMBER) |

CONFIDENTIAL APPLICATION FOR EMPLOYMENT DISCLAIMER AND ACKNOWLEDGEMENT

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CURRENT AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS GROUNDS FOR REFUSAL TO HIRE AND FOR DISCHARGE SHOULD I BE HIRED.

I AUTHORIZE ALL OF THE PERSONS AND ORGANIZATIONS LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, AND QUALIFICATIONS FOR EMPLOYMENT. I ALSO AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION.

IN CONSIDERATION FOR MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF VANTAGE HEALTH PLAN, INC. ("VANTAGE"). I ACKNOWLEDGE THAT RULES MANY BE CHANGED, WITHDRAWN, OR ADDED AT ANY TIME, AT VANTAGE'S SOLE OPTION AND WITHOUT PRIOR NOTICE TO ME.

I understand that employment with vantage is on an "at-will" basis. I also acknowledge that any employment with Vantage may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of Vantage or myself. An employee's "at-will" status may not be altered except by a written agreement executed by Vantage's President or Vice-President.

I HAVE READ AND UNDERSTAND THIS DISCLAIMER AND ACKNOWLEDGEMENT.

| SIGNATURE: | Date: |
|---------------|-------|
| PRINTED NAME: | |

*CONFIDENTIAL APPLICATIONS FOR EMPLOYMENT ARE KEPT ON FILE FOR THREE MONTHS



Pre-Employment Drug Screening Consent Form

| I hereby give my voluntary consent for a urine sample to be collected from me and submitted for an |
|---|
| alcohol, drug, and controlled substance, or any combination thereof, abuse screening test. Further, I |
| hereby consent to the release of the test results to the company officials who make employment |
| decisions for the company. I understand that any positive result from such test will result in |
| immediate termination. Further, I understand that my failure to execute this voluntary consent will |
| result in my not being considered for employment. |
| |
| |

| Signature | Date | |
|-----------|------|--|



Applicant Reference Release

I hereby authorize **Vantage Health Plan, Inc.** to contact any company, person, or educational institution I listed as a reference on my employment application. I hereby allow any company, person, or educational institute I listed as a reference on my employment application to disclose any information they may have regarding my qualifications for employment, including but not limited to employment dates, descriptions of jobs performed, salary and wage rates and personal attributes.

I agree to release and discharge **Vantage Health Plan, Inc.** and **Vantage Health Plan, Inc.**'s successors, employees, officers, and directors as well as any company, person or educational institution I have listed as a reference for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, for providing or receiving any information regarding my qualifications for employment. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

| Print Name | | | |
|------------|--|--|--|
| Signature | | | |
| Date | | | |

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Vantage Health Plan, Inc. ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education (including transcripts), or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you. These searches will be conducted by Aurico Reports LLC, 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com. The scope of this disclosure is all-encompassing, however, allowing the Companyto obtain from any outside organization all manner of consumer reports throughout the course of your assignment or employment to the extent permitted by law.

| Signature: | Date: |
|------------|-----------|
| | |

| ACKNOWLEDGMENT AND AUTHORIZATION I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVEST IGAT ION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Companyat any time after receipt of this authorization and throughout my assignment or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, branch of the military, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports LLC, 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. |
|---|
| New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Companyby contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. |
| New York applicants, volunteers, contractors or employees only: By signing this form, you further authorize the Companyto provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company. |
| Oregon applicants, volunteers, contractors or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Companyhas not maintained secured records is available to you upon request. |
| Washington State applicants, volunteers, contractors or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. |
| Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. |

Signature: _____ Date: _____

| PLEASE PRINT NEATLY | Y AND MAKE SUR | ETHE PRINTI | NG IS LEGIBLE | | | |
|---|--------------------|-------------------|--------------------------|---------------|-----------|--------------------|
| First Name: | Middle Nam | e: | Last Name: | | | |
| | | | | | | |
| Maiden Name: | | | Date Changed | : | | |
| | | | | | | |
| Other last names used: | | | Date Changed | : | | |
| | | | | | | |
| Other last names used: | | | Date Changed | : | | |
| | | | | | | |
| Other last names used: | | | Date Changed | : | | |
| | | | | | | |
| List all cities and stat | tes where you hav | e lived for the | e nast 7 vears - At | ttach addi | tional sh | eet if necessary |
| List all Cities and Stat | ico milcio you ilu | re lived for this | c past i years - A | | | cet ii iicococai y |
| Street | ico micro you nu | City | County | State | ZIP | How Long? |
| | ioo micro you nu | | | | | |
| Street | and milete you ma | | | | | |
| Street Current: | | | | | | |
| Street Current: 2: | | | | | | |
| Street Current: 2: 3: | | | | State | | |
| Street Current: 2: 3: 4: | | | County | State | | |
| Street Current: 2: 3: 4: | with area code): | | County | State | | |
| Street Current: 2: 3: 4: Present Phone Number (v | with area code): | | Social Security | State Number: | | |
| Street Current: 2: 3: 4: Present Phone Number (v | with area code): | | Social Security Gender* | State Number: | | |

[End of Document]
Page 1 of 1
NOTE: YOU MUST RETURN THIS DOCUMENT

^{*}This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 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 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 agencymust investigate
 unless your dispute is frivolous. See 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 agencymay 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 FCRAspecifies 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.
- 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 1-888-5-OPTOUT (1-888-567-8688).
- 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.

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: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. | a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 |
| 1b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: | b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |
| 2. To the extent not included in item 1 above: | |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 |
| 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 | b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 |
| foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | |

| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 |
|--|---|
| d. Federal Credit Unions | d. National Credit Union Administration Office of Consumer Protection (OCP) |
| | Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. |
| Creditors Subject to Surface Transportation Board | Washington, DC 20590 Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F St, N.E. Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-43557 |

FOR NEW YORK APPLICANTS ONLY

NEW YORK STATE CORRECTION LAW ARTICLE 23-A: LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§ 750. Definitions

For the purposes of this article, the following terms shall have the following meanings:

- 1. "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- 2. "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- 3. "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license [fig 1], opportunity, or job in question.
- 4. "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- 5. "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses [fig 1] in this state or in any other jurisdiction, [fig 2] and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the [fig 1] individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the [fig 2] individual has previously been convicted of one or more criminal offenses, unless:

- 1. There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- 2. The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.
- § 753. Factors to be considered concerning a previous criminal conviction; presumption
 - 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:
 - 1. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - 2. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - 3. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - 4. The time which has elapsed since the occurrence of the criminal offense or offenses.
 - 5. The age of the person at the time of occurrence of the criminal offense or offenses.
 - 6. The seriousness of the offense or offenses.
 - 7. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - 8. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
 - 2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.
- § 754. Written statement upon denial of license or employment

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement

- 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
- 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.