



## APPLICATION FOR EMPLOYMENT

SEREDOR CORPORATION is an Equal Opportunity Employer and does not discriminate on the basis of an applicant's or employee's race, color, religion, national origin, sex, disability, veteran or marital status, citizenship, sexual orientation, or any other legally protected status entitled to protection under the federal, state, or local anti-discrimination laws. No questions on this application are intended to secure information to be used for impermissible purposes.

SEREDOR CORPORATION complies with the law regarding reasonable accommodations for disabled applicants. If you require reasonable accommodations to participate in the interview process, you should contact Continucare's Director of Human Resources at (305) 500-2039 or the Administrator of the facility where you are completing this Application for Employment to arrange for such accommodation.

Please read this Application carefully and print your responses in ink. You may submit a personal resume to accompany this Application; however, you must answer all questions and complete all sections of this Application. We will retain your completed Application in our active files for ninety (90) days.

### PERSONAL INFORMATION

Last Name	First	Middle	Date of Application
If any of your educational, employment or work-related licensure records are under any name(s) other than that shown above, please provide the name(s) under which these records may be located:			Business Phone (only if we may contact you at work) ( )
Street Address			Home Phone ( )
City	State	ZIP	Social Security No.
Were you previously employed by Seredor Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please give dates of employment and location(s):			Have you reached your 18th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied to Seredor Corporation for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give date(s) and location(s):			Are you legally authorized to work in the United States for the position you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense, had adjudication of a crime withheld, or pled nolo contendere (no contest) to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," include the details, the date of the conviction, and penalty imposed. Please also include information concerning crimes to which you were adjudicated guilty or pled no contest or nolo contendere. A conviction does not automatically mean that an applicant will not be hired. We will take into consideration when the offense occurred, the seriousness and nature of the violation, and any rehabilitation the applicant has undergone. Give all the facts so that an informed decision can be made. Although conviction of a crime is not an automatic bar to employment with us, some jobs may not be held by persons convicted of certain crimes. Please provide details:  <hr/>			
Please identify all persons related to you by blood or marriage and all friends and acquaintances who currently are employed by Seredor Corporation and indicate their job titles and the locations of their assigned work sites:			
Have you signed any agreement with any prior or existing employer which includes any restrictions on your ability to compete; to contact any patients, clients or employees; or to use and/or disclose business, client or customer information? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes," please provide Seredor Corporation with a copy of the agreement so that Seredor Corporation can consider whether and to what extent the agreement may preclude and/or restrict your employment with us in the event we extend to you an offer of employment.			

### JOB INTEREST

Position for which you are applying:	
How did you learn about this employment opportunity? (check only one)	
<input type="checkbox"/> Advertisement in _____ Name of Publication	<input type="checkbox"/> State Employment Service
<input type="checkbox"/> Employment Agency _____ Name of Agency	<input type="checkbox"/> From an employee of Seredor Corporation (if so, please identify below)
<input type="checkbox"/> Other source (please describe) _____	Name _____
Have you worked with any employment recruiter, either directly or indirectly, within the previous twenty-four (24) months? If "Yes," did the recruiter play any role, direct or indirect, in your deciding to apply?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment status desired (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem	
Salary/wages desired	Days/hours desired
Available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date available

## EDUCATION, TRAINING, PROFESSIONAL LICENSURE/REGISTRY/CERTIFICATION, SKILLS AND TECHNICAL COMPETENCIES

Seredor Corporation may verify with the sponsoring educational/training facility all information disclosed in this Section.

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	TYPE OF DIPLOMA OR DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Specialty or Business School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you hold licensure as a professional or technician?  Yes  No If "Yes," please list below all states/jurisdictions in which you now hold or in the past have held such licensure:

<u>STATE/JURISDICTION</u>	<u>TYPE OF LICENSURE</u>	<u>LICENSE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever voluntarily withdrawn/surrendered your license as a professional/technician, have you ever been disciplined by or subjected to reprimand by a professional board or other licensing agency, or has your license ever been revoked, suspended, reduced, limited, placed on probation or not renewed?  Yes  No If "Yes," describe in full detail the circumstances and outcome:

Are you eligible for, or do you possess professional certification?  Yes  No If "Yes, provide particulars:

Identify all equipment, professional regimens/protocols, technical methods, work-related processes, computer programming/languages and software applications with which you are proficient and which are relevant to the job for which you have applied:

Describe present and past memberships in professional organizations, including offices held (you may exclude any memberships which suggest or disclose your race, color, national origin, religion, disability or any other protected status):

List published articles/research of a work-related nature:

Describe any other experiences (e.g., internships, volunteer work), qualifications, skills or abilities which you possess in addition to those which you have outlined above and which you consider important to the successful performance of the job for which you are applying (you may exclude any experiences which suggest or disclose your race, color, national origin, religion, disability or other protected status):

## EMPLOYMENT RECORD

Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs as well as any periods of unemployment. If you require additional space, you may use a separate sheet. You may attach a resume, but you must complete this section of this Application as well. Seredor Corporation may verify all information disclosed in this Section.

<b>1</b>	Company Name of Current or Most Recent Previous Employer		Base Pay (annual) Start \$                      Last \$	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$                      per	Employed  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	City, State and Zip		Telephone (    )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

<b>2</b>	Company Name of Previous Employer		Base Pay (annual) Start \$                      Last \$	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$                      per	Employed  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	City, State and Zip		Telephone (    )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

<b>3</b>	Company Name of Previous Employer		Base Pay (annual) Start \$                      Last \$	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$                      per	Employed  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	City, State and Zip		Telephone (    )	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

## REFERENCES

List current and former co-workers, colleagues and/or professional acquaintances not related to you (other than those persons listed previously) who can provide first-hand knowledge of your qualifications and abilities. Seredor Corporation may contact these references in connection with its consideration of your credentials.

NAME	RELATIONSHIP TO YOU	OCCUPATION AND TITLE	PHONE NO.	YEARS KNOWN

### MILITARY SERVICE:

Branch of service in the U.S Armed Forces or State Militia: \_\_\_\_\_

Rank at time of discharge: \_\_\_\_\_ Type of job-related training and experience received: \_\_\_\_\_

Did you received an honorable discharge? Yes \_\_\_ No \_\_\_

## APPLICANT'S CERTIFICATION, AUTHORIZATION AND UNDERSTANDING

Please read carefully and, if you need clarification, ask questions before signing below.

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application for Employment are correct and complete. I understand that, if I become employed, any material falsification, misrepresentation or omission of fact in this Application or in any resume or other materials submitted in connection with this Application for Employment shall be grounds for my discharge from employment.

I authorize Seredor Corporation, as part of its evaluation of my suitability for employment, to verify all education and training claimed by me and to secure from my previous employers and others listed as references information concerning my professional accomplishments, skills, work characteristics and ability. I further authorize Seredor Corporation to secure from the appropriate sources information concerning the status of any professional or technical licensure or certification claimed by me as well as information concerning criminal convictions. In this regard, I agree to complete the requisite authorization forms necessary for Seredor Corporation to obtain access to and copies of records pertaining to the above information and release all parties from any liability arising out of this provision and the use of such information. In addition, for these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

I acknowledge and agree that, if Seredor Corporation extends to me an offer of employment, I will:

- In deciding whether to accept such offer, not rely upon any oral statements concerning any term or condition of employment made by any administrator, manager or other representative of Seredor Corporation;
- Provide, within three (3) business days from the date my employment begins as required by the federal Immigration Reform and Control Act, proof of my identity and eligibility for employment in the United States; and
- Upon the commencement of my employment or during the period of my employment, sign, as a condition of my employment, any standard acknowledgment or agreement to protect from unauthorized disclosure all confidential data and personally-identifiable health information associated with patients, employees and others treated or employed by or having business with Seredor Corporation as well as all proprietary information, trade secrets and customer/client/patient relationships associated with Seredor Corporation's business activities.

**I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT IS NOT A CONTRACT, OFFER OR PROMISE OF EMPLOYMENT AND THAT, IF I AM EMPLOYED, EMPLOYMENT WITH SEREDOR CORPORATION IS "AT-WILL." THIS MEANS THAT MY ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME AND THAT SEREDOR CORPORATION CAN END MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH SEREDOR CORPORATION AT ANY TIME FOR ANY OR NO REASON, WITH OR WITHOUT NOTICE.** I understand that this "at-will" provision may be modified or waived only in a written agreement signed by the President and Chief Executive Officer of Seredor Corporation and me.

**SEREDOR CORPORATION MAINTAINS A SMOKE-FREE, DRUG-FREE AND ALCOHOL-FREE WORK ENVIRONMENT.**

Applicant's Signature

Date

# Applicant Self Identification for Affirmative Action Programs

Precision Diagnostic Services, Inc. is a Government contractor subject to Executive Order 11246, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. Anti-Discrimination Notice. It is an unlawful employment practice for PDS to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

PDS is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. 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 federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven race/ethnicity categories identified below.

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that Government officials engaged in enforcing laws administered by OFCCP may be informed. This information provided would be used only in ways that are consistent with Executive Order 11246, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended.

## I IDENTIFY MYSELF AS:

Gender:  Male  Female

### Race/Ethnicity:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Asian (Not Hispanic or Latino) – 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.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (Not Hispanic or Latino) – 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.
- Two or More Races (Not Hispanic or Latino)- All persons who identify with more than one of the above races
- Do not wish to self-identify

## VETERAN OF THE VIETNAM ERA or OTHER VETERAN

A person who: (a) served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from with other than a dishonorable discharge; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (c) served on active duty for more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released from with other than a dishonorable discharge; or (d) served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. (A list of campaigns/expeditions may be requested.)

Yes  No

I assert that the above information is accurate.

Name: \_\_\_\_\_  
(Please Print Clearly)

Signature: \_\_\_\_\_

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

### For Human Resource Use Only

Race Missing or Unknown – Applies to APPLICANTS ONLY, where a resume or application that is being screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Note(s): \_\_\_\_\_  
\_\_\_\_\_