THE MIND & BODY CONSORTIUM

1151 Walker Rd. Dover, DE 19904 Phone: 302-674-2380 Fax: 302-674-1299
993 N. DuPont Hwy. Milford, DE 19963 Phone: 302-424-1322 Fax: 302-424-7772
212 Carter Drive, Suite D Middletown, DE 19709 Phone: 302-378-2522 Fax: 302-376-6212

PERSONAL INFORMATION DATE: _____

NAME _____Social Security Number_____
PRESENT ADDRESS _____CITY_____STATE_____ZIP____
PERMANENT ADDRESS _____ CITY_____STATE_____ZIP____
PHONE NO _____ARE YOU 18 YRS OLD OR OLDER ___Yes____No

Are you prevented from lawfully becoming employed
In this country because of visa or immigration status? ____Yes ____ No

EMPLOYMENT DESIRED

POSITION_____DATE YOU CAN START_____SALARY DESIRED _____
IF SO, MAY WE INQUIRE
ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER?_____
EVER APPLIED TO THIS COMPANY BEFORE?_____WHERE?_____WHEN? _____
REFERRED BY _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

CRIMINAL BACKGROUND:

Have you ever been convicted of a crime: No ____ Yes ____ if yes, please explain. Attach Separate Sheet
Have you ever been arrested: No ____ Yes ____ if yes, please explain. Attach Separate Sheet
Have you ever been arrested, adjudicated or convicted of crimes against the elderly OR children?
Or have been placed on ANY Child Abuse Registry? No ____ Yes ____ if yes, please explain.
Attach Separate Sheet

Please describe any special skills or additional qualifications:

US MILITARY OR NAVAL SERVICE_____RANK_____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provistions of the Americans with Disabilities Act
And the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

(CONTINUED ON PAGE TWO)

FORMER EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____
_____
WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____
_____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.
In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the companies option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing."

DATE_____SIGNATURE_____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____DATE_____
REMARKS_____
_____
_____

NEATNESS_____ABILITY_____
HIRED POSITION DEPARTMENT_____
SALARY DATE REPORTING TO WORK_____
APPROVED BY: DIRECT SUPERVISOR GENERAL MANAGER_____

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Applicant Information Release

Applicant Name: _____
Address: _____
S.S.N. _____

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold The Mind and Body Consortium, LLC. , any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Employment References:

Employer	Address	Contact Person	Phone

Personal References:

Name	Address	Relationship	Phone

Signed: _____

Date: _____

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Confidentiality Statement

As an employee of The Mind and Body Consortium, LLC, you may have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions.

It is your responsibility to maintain the confidentiality of this information at all times. Our various contracts stipulate to whom and under what circumstances information can be legally disclosed. Your involvement in protecting this information is vitally important and cannot be overemphasized.

To ensure we maintain patient confidentiality, you are not permitted to divulge, discuss, or acknowledge any information regarding patients and their families without proper authority. This also means you may not disclose patient identification or information to any of your friends, relatives, or acquaintances; the news media; any of the patient's relatives, employers, or supervisors; or anyone requesting information over the phone.

This document signifies you are aware of our policy and understand that any disclosure of unauthorized information is grounds for legal action. For unauthorized disclosure of any confidential information, you could be fined not more than $1,000 and/or imprisoned not more than six (6) months, under Section 1 166 (6) of the Social Security Act. In addition, such disclosure is grounds for immediate dismissal.

Name of Employee

Employee Signature

Date

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RE: CONFIDENTIALITY STATEMENT

It is the policy of The Mind and Body Consortium, LLC that all employees review and sign the Statement of Confidentiality annually. This policy is strictly adhered to. As employees of The Mind and Body Consortium, LLC, you have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions. It is your responsibility to maintain the confidentiality of this information at all times.

The disclosure of unauthorized information is grounds for legal action and grounds for immediate dismissal. For unauthorized disclosure of any confidential information, you could be fined not more than $1,000 and/or imprisoned for not more than six (6) months under Section 1 166 (6) of the Social Security Act.

No medical records or information may be released to any one without a signed, written authorization from the patient, parent, legal guardian or executor of the estate.

Laws may also prohibit any disclosure of the information without the specific written consent of the person(s) to whom such information pertains, or as otherwise permitted by the State law. This consent must be specific for the release of any/all HIV information.