



NOTICE TO APPLICANTS

Screening tests for illegal drug use and background checks are required as a condition of employment.

Date _____



SECTION I: GENERAL INFORMATION

Name _____

Social Security Number _____

Current Address _____

Home Phone _____

Business Phone _____

Position Applied For: _____

Date Available _____

Part Time Full Time Please check shifts you are willing to work: 7am-3pm 3pm-11pm 11pm-7am

Days **Unable** to Work: _____ Salary Requirement _____

Have you ever worked at LMC, LMC Extended Care and/or any other Lexington County Health Services District affiliate?

Yes No If yes, when? _____

Do you have any relative employed at LMC Extended Care: Yes No If yes, who? _____

Are you legally eligible for employment in the United States? Yes No If yes, you will be required to verify your identity and employment authorization in the event you are hired.

Have you **ever** been debarred or excluded from providing healthcare or sanctioned by any healthcare regulatory body or agency?

Yes No If yes, please explain _____



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Have you ever been discharged or asked to resign from employment? Yes No If yes, why? _____

How will you get to work? _____ Will you have any difficulties in getting to work? Yes No

If yes, please explain _____

Driver's License # _____ State _____ Expiration Date _____

Please list any special skills, experiences, professional associations or honors which you feel would qualify you for the job for which you have applied:

Referral Source: Responding to Ad If yes, type of Ad (i.e., newspaper, magazine, radio) _____

Referred by Friend/Relative **Recruited by Employee** (Provide Name) _____



SECTION II: EDUCATION

SCHOOL NAME	LOCATION	DEGREE/DIPLOMA
High School		
College		
Technical School		
Other		

Lexington Medical Center Extended Care is an Equal Opportunity Employer and pledges to provide equal opportunities without regard to race, color, religion, age, sex, national origin, disability or military status.

PROFESSIONAL/TECHNICAL SKILLS

For positions requiring submission of certificates, licenses, etc., this application is not complete until such documentation is received.

License/Registration/Certification held _____ License/Registration/Certification # _____

Issue Date _____ Expiration Date _____ States in which currently licensed _____

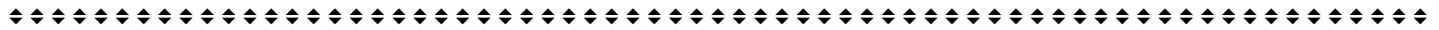


SECTION III: PREVIOUS EMPLOYMENT

List all employers beginning with the most recent: Explain any periods of unemployment not related to school.

Employer's Name, Address and Telephone Number	Time Employed From	To	Job Title	Duties	Reason for Leaving
			Salary		
Name While Employed:					
Employer's Name, Address and Telephone Number	Time Employed From	To	Job Title	Duties	Reason for Leaving
			Salary		
Name While Employed:					
Employer's Name, Address and Telephone Number	Time Employed From	To	Job Title	Duties	Reason for Leaving
			Salary		
Name While Employed:					
Employer's Name, Address and Telephone Number	Time Employed From	To	Job Title	Duties	Reason for Leaving
			Salary		
Name While Employed:					

If presently employed, may your employer be contacted at this time for a reference? Yes No



SECTION IV: PERSONAL REFERENCES Please list persons who have known you for at least one year. (Not relatives)

Name	Address	City/State	Zip	Phone



INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.



CERTIFICATION OF APPLICANT: I affirm, agree and/or understand that all statements on this form are true and accurate, and any false information given or any omission of facts may result in my being disqualified or my being discharged if already employed. I also agree and/or understand that I may be required to successfully pass a medical examination as a condition of employment. I understand that nothing contained in this employment application is intended to create an employment contract between LMC Extended Care and myself or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon LMC Extended Care unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time with or without reason and that LMC Extended Care retains a similar right. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background, and release them from any liability and responsibility arising from their doing so.

Name: _____ Date _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20006

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, D.C. 20006.**

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 agency must 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 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.

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-OPT-OUT (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 more 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 Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA, Washington, D.C. 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 organizational 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</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 PO 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 Protection (OCP) Division of Consumer Compliance and Outreach</p>

savings associations d. Federal Credit Unions	(DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE 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) 382-4357

Social Security Number

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Date of Birth - used for identification purposes only

X	X	X	X	X	X	X	X	X	X
MONTH		DATE		YEAR					

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue
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FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Lexington Medical Center - Extended Care ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, 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 Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)

Driver License State / Number