



APPLICATION FOR EMPLOYMENT

188 Inverness Drive West, Suite 650
Englewood, CO 80112

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age disability, or any other status protected by law or regulation. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to complete the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) Applied For: _____ Date of Application: _____

Name: _____
LAST
FIRST
MIDDLE

Address: _____
STREET
CITY
STATE
ZIP CODE

Telephone: _____ Mobile/Other Phone: _____

Work Phone: _____ May we call you at work? Yes No

Email Address: _____

EMPLOYMENT DESIRED: Full-Time Part-Time Days of Week Available: _____

Date available for work: _____ Salary Requirements: \$ _____

Have you previously been employed by Oncure? Yes No

If yes, please provide the dates of employment and position: _____

Do you have a valid Driver's License? Yes No

(A current motor vehicle report may be required if driving is necessary for the position you are applying for)

Do you have any friends or relatives working for Oncure? Yes No

If yes, state name and relationship: _____

If hired will you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If you are hired, you may be required to submit proof of age)

Have you ever been convicted of a felony or misdemeanor? Yes No

(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, may, however, be considered.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case: _____

Are you fluent in a foreign language? Yes No

If yes, what language(s)? _____

Do you have any other experience, training, qualifications or skills that you believe make you especially suited for work at Oncure? If so, please explain: _____

Employment History

This section must be completed, please do not state "see resume".

List your previous work experience in consecutive order with your current/last employer listed first. If self-employed, please provide firm name and supply business references. If you need additional space, please supply all requested information on a separate sheet and attach it to this application.

Dates of Employment:	Employer Name: _____	Phone: _____
	Address: _____	
From: _____	Supervisor's Name: _____	Title: _____
MO/YR	Your Title: _____	Salary: _____
	Duties: _____	
To: _____	_____	
MO/YR	_____	
	Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment:	Employer Name: _____	Phone: _____
	Address: _____	
From: _____	Supervisor's Name: _____	Title: _____
MO/YR	Your Title: _____	Salary: _____
	Duties: _____	
To: _____	_____	
MO/YR	_____	
	Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment:	Employer Name: _____	Phone: _____
	Address: _____	
From: _____	Supervisor's Name: _____	Title: _____
MO/YR	Your Title: _____	Salary: _____
	Duties: _____	
To: _____	_____	
MO/YR	_____	
	Reason for Leaving: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education, Training and Experience

School Name and Address	# of Years Completed	Did you Graduate?	Studies/Major	Degree or Diploma
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community College:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional Licenses, Certifications, etc.:		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Military Service

Have you obtained any special skills or abilities relevant to the job for which you have applied as the result of service in the military? Yes No

If yes, please describe:

References

List below three persons not related to you who have knowledge of your performance within the last three years.

Name: _____ Telephone: _____

Occupation: _____ Relationship: _____

Address: _____

Name: _____ Telephone: _____

Occupation: _____ Relationship: _____

Address: _____

Name: _____ Telephone: _____

Occupation: _____ Relationship: _____

Address: _____

APPLICATION ACKNOWLEDGEMENT

(Please read carefully, initial each paragraph, and sign below.)

It is the policy of the company to make all employment decisions without regard or consideration for any individual's race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, gender, age (over 40), pregnancy, or sexual orientation. Except if there is a bona fide occupational qualification or a business necessity that is reasonably necessary to secure the safe and efficient operation of the business, equal employment opportunity will be extended to all persons in all aspects of the employer-team member relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall and termination. The company does not tolerate any illegal discrimination or harassment, whether verbal, physical or visual.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misrepresentation of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I acknowledge the employment relationship between Oncure and its team members is one of at-will. This means either I or Oncure may terminate the employment relationship at any time, with or without cause or prior notice. Additionally, the terms and conditions of my employment may be changed, with or without notice, with or without cause, including, but not limited to, demotion, promotion, compensation, transfer, benefits, job duties, work schedule, and location of work. All employment at Oncure is continued on that basis. No supervisor, manager, or other representative of the company other than the President or CEO has the authority to enter into any agreement for employment for any specified length of time or to make any agreement or representations contrary to at-will. The President or CEO can alter the employment relationship only if both the President or CEO and I do it specifically in a written agreement that is signed by both parties.

If you have any questions regarding the above statements, please contact Human Resources before signing.

I hereby submit this employment application and state that the information provided is true and accurate. I also state that I have read the information contained in this application and understand the same.

Applicant's Signature: _____ Date: _____

Name Printed: _____

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

DISCLOSURE

As an applicant for employment or a current employee of this organization, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, this organization may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as this organization.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I hereby voluntarily authorize this organization to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at this organization. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date



AUTHORIZATION For BACKGROUND INVESTIGATION

File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Oncure Medical Corp

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker s compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:

If you would like to receive a free copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: _____ / _____ / _____