

EMPLOYMENT APPLICATION

Encompass Medical Group is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Date: _____

Applicant Information

Name: _____
Address: _____
City/State: _____ Zip Code: _____
Telephone: (____) _____ Message #: (____) _____

Have you ever applied to, or worked for Encompass Medical Group before? _____ If yes, when? ____
Do you have any friends or relatives working for Encompass Medical Group? _____
If yes, state name and relationship: _____
How did you hear about us/this opening? _____
State briefly why you would like to work for Encompass Medical Group:

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? _____
(NOTE: No applicant will be denied employment solely on the grounds of a 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, explain: _____

General Information About Employment Desired

Position you are applying for? _____ Full-time or part-time? _____
If part-time, hours per week desired: _____ Are you available for work on weekends? _____
Days of week you are available to work: _____
Hours you are available to work: _____
Are you available to work nights? * _____ Are you available to work overtime? _____
If hired, on what date could you start work? _____
Are you able to travel on company business? * _____ % time willing to travel: _____
Hourly rate of pay or monthly salary desired: _____

*if required for the position you are seeking

Education and Training (include on-the-job training):

| | <u>Name of School/Location</u> | <u>Degree Received</u> | <u>Date Graduated</u> |
|--------------------|--------------------------------|------------------------|-----------------------|
| High School | | | |
| Community College | | | |
| Trade School | | | |
| College/University | | | |
| Seminars/Other | | | |
| | | | |
| | | | |
| | | | |

Special Skills

Do you speak, write or understand any foreign languages? _____

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at Encompass Medical Group? _____
 _____ If so, explain in detail below:

Professional Society Memberships: _____

Licenses (list states): _____

| Computer skills | Dates Used | Level of proficiency |
|------------------------|-------------------|-----------------------------|
| Hardware: | | |
| | | |
| | | |
| Software: | | |
| | | |
| | | |
| | | |

Use the space below to summarize other relevant experience, skills and background:

Please Read and Sign Below to signify your Understanding and Agreement (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize Encompass Medical Group to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Encompass Medical Group, my current and former employers, and all other 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 understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Encompass Medical Group may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Encompass Medical Group. In addition, I understand and agree that if I am employed; my employment relationship with Encompass Medical Group is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Encompass Medical Group, and that no promises or representations contrary to the forgoing are binding on Encompass Medical Group unless made in writing and signed jointly by the President/CEO and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Encompass Medical Group benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid (name of state) driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Encompass Medical Group auto insurance, if required for my position.

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 misstatement on this application or on any documents 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.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Applicant Authorization and Release

I _____, authorize IntelliCorp Records, Inc. to run and provide to me a copy of my background check ordered by the company listed below. This may include my employment history, education verification, general character or reputation, work experience, driving history, criminal history, credit history, and such other information that may be required.

Ordering Company Information:

Company that Ordered Background Check: ____ Encompass Medical Group _____

Company Contact: ____ Michelle Lee _____

Current Phone Number: ____ 913-495-2211 _____

Current Business Address: ____ 8550 Marshall Drive, Lenexa, KS 66214 _____

Applicant Information:

Full Name (Prior / Maiden): _____

Date of Birth: _____

Social Security Number: _____

Current Phone Number (Day Time / Night Time): _____

Current Address: _____

***Copy of Current Driver's License must be attached to this fax.**

Signature: _____ Date: _____