



******The completion of this form is voluntary******

Completing this form is voluntary. Chesapeake Healthcare Center, LLC, is an equal opportunity employer which is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race, ethnicity and veteran’s status. Submission of this information is voluntary, will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. The completion of this form will not enhance or detract from further consideration for employment, and the information provided will not be retained with your employment application or information.

Name		Date	
Position Applied for		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in the military or military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Vietnam-Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

******The completion of this form is voluntary******

Chesapeake Healthcare Center is an equal opportunity employer

**PLEASE READ THE FOLLOWING BEFORE
COMPLETING OUR APPLICATION**

1. There is no guarantee of a job offer or job interview based upon your completion of our application blank. Your completed application blank will be considered with those of others who have submitted applications and decisions about interviews will be based on this comparison.
2. Our application blank must be completely filled out in order for it to be considered as your application for employment.
3. If the information provided by you on our application blank can not be satisfactorily verified by employment reference checks, your application could be considered incomplete.
4. Applications are filed according to job title. Be as specific as possible in stating the job applied for: "ANY POSITION" is not an acceptable response to "Position Applied For" on our application blank.
5. Due to the large number of applications we receive and consider and the competitive nature of our employment process, specific reasons for employment decisions made will not be released.
6. Upon completing and submitting your application, you may be subject to the following checks:

**EMPLOYMENT and CHARACTER REFERENCE CHECK
CRIMINAL BACKGROUND CHECK
DRIVING RECORD CHECK (if applicable)**

7. If offered employment, the following is also required:

**DRUG SCREEN
PROFESSIONAL LICENSE INVESTIGATION (if applicable)**

8. As a potential visitor of the Chesapeake Healthcare Center, LLC, you may be in contact with Chesapeake Healthcare Center patients and staff, and agree that you must hold information regarding patients and/or staff in strictest confidence and that intentional or involuntary violation of this restricted information is against State and Federal regulations including 45 CFR of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which states that you MAY NOT use or disclose any information observed or heard while visiting Chesapeake Healthcare Center. It is also noted that violating these regulations could result in civil penalties and/or criminal prosecution, up to \$25,000 fines or a prison sentence up to 10 years.

I have read the above statements concerning my application for employment and understand these statements.

Signature of Applicant

Date



Chesapeake Healthcare Center

11950 MacCorkle Avenue SE
Chesapeake, WV 25315
Phone: 304.220.2111
Fax: 304.220.2183

For Office Use Only:

EMPLOYMENT APPLICATION

TO THE APPLICANT: WE APPRECIATE YOUR INTEREST IN CHESAPEAKE HEALTHCARE CENTER. IT IS THE POLICY OF CHESAPEAKE HEALTHCARE CENTER TO SELECT AND PROMOTE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR OTHER UNLAWFUL CLASSIFICATION.

PERSONAL INFORMATION

Name _____ Date _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip Code)

Primary Phone _____ Secondary Phone _____ Email _____

SS# _____ - _____ - _____ Preferred Name _____

Position applied for _____ Full-Time Part-Time Relief

Any shift restrictions? Yes No If yes, indicate shift(s) cannot work _____

Referral source (please specify): newspaper ad _____ internet site _____
flyer _____ Chesapeake HC employee _____ school _____
job fair _____ employment office _____ other _____

Are you a U. S. Citizen? Yes No, Alien Registration # _____
Are you over age 18? Yes No
Do you have a valid driver's license? Yes No (required for some positions)
Do you have access to reliable transportation? Yes No

Have you ever been convicted of a crime, excluding misdemeanors or minor traffic violations? No Yes
Have you ever been convicted of any misdemeanor crimes which were against a person? No Yes
If yes, please explain conviction: _____

Conviction is not an automatic disqualification for a job; the type and seriousness of the crime, the frequency of violations, the age at the time of conviction, the date of conviction, population of requested employment and the entire work and educational history will be considered. Additional or supportive documentation may be requested to assist in rendering an employment decision.

EDUCATION

Highest grade completed (Circle One): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+
Do you have a high school diploma or GED? Yes No

SCHOOL CITY/STATE

HIGH SCHOOL			DEGREE	FIELD	YEAR
COLLEGE					
COLLEGE					
BUSINESS/VOCATIONAL					

Additional skills or qualifications _____

Do you hold a professional license relevant to the job for which you are applying? No Yes
 If yes, give type _____

Have you ever had a professional license/certificate suspended or revoked? No Yes
 If yes, explain (date/employer/reasons) _____

PROFESSIONAL AND CHARACTER REFERENCES (not relatives)

NAME	TITLE	EMAIL ADDRESS	PHONE

List any other name by which these references might know you: _____

WORK HISTORY

Please list **ALL** work history, most recent employer first. If additional space is needed, attach extra sheet. Have you ever worked for Chesapeake Healthcare ? No Yes If Yes, document below

EMPLOYER	DATES		SALARY	POSITION	REASON LEFT	SUPERVISOR NAME
	FROM	TO				
NAME ADDRESS PHONE #						
ADDRESS PHONE #						
ADDRESS PHONE #						
ADDRESS PHONE #						
ADDRESS PHONE #						
ADDRESS PHONE #						

May we contact your present employer? _____ Previous employers? _____ If not, explain which ones may not be contacted and reason(s) _____



Chesapeake Healthcare Center
304.220.2111 FAX 304.220.2183

Name _____ SS# _____

I understand that any offer of employment will be contingent upon the successful completion of a urine drug screen, criminal background check, a motor vehicle driving record check, child or adult protective services check and/or professional license verification, should such be deemed necessary for the position for which I am applying. I also understand that if hired I will be required to produce documentation verifying my U.S. citizenship or work permit within 3 days of hire.

I hereby give Chesapeake Healthcare Center, LLC or its authorized representatives permission to make a thorough investigation of my past employment, education, and activities, and I release from liability all persons, companies, corporations, governmental entities, or academic institutions supplying such information. I also release Chesapeake Healthcare Center, LLC and its authorized representatives from any liability arising from making such investigation. I understand that falsified statements or misrepresentations or omissions on this application, other employment documents shall be considered sufficient cause for denial of employment or discharge.

If employed, I will follow the policies of Chesapeake Healthcare Center and understand that my employment and compensation can be terminated with or without cause, or with or without notice, at any time, at my option or at the option of the Center.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Chesapeake Healthcare Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Chesapeake Healthcare Center unless made in writing by the Executive Director. If an employment relationship is established, I acknowledge that no consideration has been furnished to Chesapeake Healthcare Center for my employment other than my services.

I ALSO UNDERSTAND THAT IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I WILL BE AN EMPLOYEE AT WILL, WHICH MEANS THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD; EITHER I OR CHESAPEAKE HEALTHCARE CENTER CAN TERMINATE MY EMPLOYMENT AT ANY TIME WITHOUT PRIOR NOTICE AND THE TERMS AND CONDITIONS OF MY EMPLOYMENT CAN BE CHANGED BY CHESAPEAKE HEALTHCARE CENTER AT ANY TIME.

Applicant Signature

Date

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For:			Expected Salary:		
Last Name		First Name		Middle Name	
Maiden Name		Any Other Name(s) Used		Phone ()	
Home Address			E-Mail Address		
City	State	Zip	County	From Mth/Yr	To Mth/Yr
Social Security Number *		Date of Birth *		Military Branch of Service	
*For background screening purposes only					
Driver's License Number			State License was Issued		
High School	City/State Location		Year Graduated	Full Name Diploma Issued Under	
If GED received, in what State	City/State Location		Date Received	Name Used for GED	
College	City/State Location		Year Graduated		
Degree Rec d: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used _____					
List Previous Addresses (to cover last 7 years)					
Address		City/State		Zip	
County		From Mth/Yr		To Mth/Yr	
Address		City/State		Zip	
County		From Mth/Yr		To Mth/Yr	

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY – DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION		SERVICES REQUESTED	<input type="checkbox"/> RUSH ORDER (\$27 extra charge)
Name:		Package: <input type="checkbox"/> Chesapeake HC Standard Package	
Title:			
E-Mail Address:			
Company Name:	CHESAPEAKE HEALTHCARE CENTER, LLC	Optional: <input type="checkbox"/> Education Verification <input type="checkbox"/> Employment Verification	
Address:	11950 MACCORKLE AVE SE		
City/State/Zip:	CHESAPEAKE, WV 25315	COMMENTS:	
If Applicable, Division or Code #:			
Phone Number:	(304) 220.2111		
Fax Number:	(304) 220.2183		

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer (“the Company”) may obtain information about you from a third party 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 information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature **X** _____

Date _____

Printed Name _____

Company applying to :
CHESAPEAKE HEALTHCARE CENTER

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT 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" by **Employer** at any time after receipt of this authorization and throughout my employment, if applicable. 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 BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. 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. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.


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.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature  _____

Date _____

Printed Name _____

Company applying to :
CHESAPEAKE HEALTHCARE CENTER

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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, DC 20552.

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 identify 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 888-5-OPT-OUT (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 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 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 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 organizations 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 savings associations</p> <p>d. Federal Credit Unions</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 (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Back Track, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, 800-991-9694. The source of any credit report will be Back Track, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, 800-991-9694.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.