

# CANCER CARE ASSOCIATES

*Advancing the Standard for Cancer Care.*

## EMPLOYMENT APPLICATION

PERSONAL DATA							
(Print) First Name		Middle or Maiden Name		Last Name		Date	
Address-street and number			City	State	Zip	Home Telephone ( )	
List any other names that you have worked or attended school under.					Daytime and/or office Telephone ( )		
Are you currently allowed to work according to the United States Department of Immigration Regulations, and if hired can you produce evidence to that effect? YES NO							
Are you a United States citizen? YES NO							
Name of relative(s) employed by CCA		Relationship		Occupation		Location	
WORK PREFERENCES							
Type of employment for which you are applying FULL-TIME PART-TIME			Nature of position you seek REGULAR TEMPORARY				
Position(s) desired							
What is your career objective?							
Location preferences				Approximate salary expected \$ /		Date available	
<b>NOTE TO EMPLOYMENT APPLICANT: IN THE FOLLOWING SECTIONS, RESPECTIVE DATES ARE REQUESTED ONLY FOR THE PURPOSE OF ESTABLISHING CREDENTIALS/QUALIFICATIONS AND ENABLING CCA TO INDEPENDENTLY VERIFY THEM.</b>							
U.S. MILITARY SERVICE							
Branch of U.S. Services		DATE ENTERED		DATE DISCHARGED		Rank at discharge	
		mo yr		mo yr			
Nature of duties and any special training and honors received							
EDUCATION							
CIRCLE LAST YEAR COMPLETED		GRAMMAR SCHOOL 1 2 3 4 5 6 7 8		HIGH SCHOOL 9 10 11 12		COLLEGE 13 14 15 16	GRADUATE 17 18 19 20
SCHOOL NAME AND LOCATION			DATES ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY	DEGREES AND HONORS	
High School							
College or University							
Other							
Foreign Languages	(Language)	Read Write Speak			Fluently Moderately well With difficulty		
DRIVING RECORD							
Type of driver license held							
Have you ever had a driver's license revoked? YES NO				If yes, explain			
REMARKS							
How did you hear about this position?			Do you know any of our employees? YES NO		If yes, their names		
Have you ever been employed by CCA? YES NO			Date	Position	Location		

### ADDITIONAL SKILLS

(APPLICANT SHOULD NOTE ANY INFORMATION PERTINENT TO HIS OR HER QUALIFICATIONS NOT COVERED BY THIS APPLICATION.)  
SPECIAL ABILITIES, COMPUTER SKILLS, MACHINES OPERATED, PROFESSIONAL ACTIVITIES & ACHIEVEMENTS, PATENTS, SIGNIFICANT PROJECTS, ETC.

### EMPLOYMENT

BEGIN WITH MOST RECENT

PLEASE INDICATE LAST FOUR EMPLOYERS OR TEN YEARS, WHICHEVER IS GREATER

DATE MONTH AND YEAR	CO. NAME AND STREET ADDRESS (CITY, ST, ZIP) OF EMPLOYER	SALARY/PER	POSITION	REASON FOR LEAVING
1. from		\$ _____ / _____		
1. to				
	Co. Phone # _____ Supervisor Name _____			
2. from		\$ _____ / _____		
2. to				
	Co. Phone # _____ Supervisor Name _____			
3. from		\$ _____ / _____		
3. to				
	Co. Phone # _____ Supervisor Name _____			
4. from		\$ _____ / _____		
4. to				
	Co. Phone # _____ Supervisor Name _____			

### BUSINESS REFERENCES

NAME	STREET ADDRESS (CITY, ST, ZIP)	BUSINESS	TELEPHONE	RELATIONSHIP
			( )	
			( )	
			( )	

May we contact these references? YES NO If No, please explain.

### APPLICANT CERTIFICATION AND ATTEST OF UNDERSTANDING

"I CERTIFY THAT THE FACTS CONTAINED IN THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

"I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

"I AGREE TO NOTIFY CANCER CARE ASSOCIATES IN WRITING WITHIN FIVE (5) DAYS OF RECEIVING ANY WRITTEN OR ORAL NOTICE OF ANY ADVERSE ACTION, INCLUDING, WITHOUT LIMITATION, ANY FILED AND SERVED MALPRACTICE SUIT OR ARBITRATION ACTION; ANY ADVERSE ACTION BY A STATE LICENSING BOARD TAKEN OR PENDING; ANY ADVERSE ACTION WHICH HAS RESULTED IN THE FILING OF A REPORT WITH THE STATE LICENSING BOARD OR A REPORT TO THE NATIONAL PRACTITIONER DATA BANK; ANY REVOCATION OF DEA LICENSE; A CONVICTION OF ANY FELONY OR A MISDEMEANOR OF MORAL TURPITUDE; ANY ACTION AGAINST ANY CERTIFICATION UNDER THE MEDICARE OR MEDICAID PROGRAMS; OR ANY CANCELLATION, NON-RENEWAL OR MATERIAL REDUCTION IN MEDICAL LIABILITY INSURANCE POLICY COVERAGE. I ACKNOWLEDGE THAT FAILURE TO COMPLY WITH THE ABOVE MEASURES, IN THE EVENT I BECOME EMPLOYED, CAN RESULT IN DISCIPLINARY ACTION OR IN THE TERMINATION OF MY EMPLOYMENT."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Cancer Care Associates is an Equal Opportunity Employer

AmericanChecked, Inc.

Investigative / Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from AMERICANCHECKED, INC. concerning previous driving record requests made by others from such state agencies.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date : \_\_\_\_\_

Signature \_\_\_\_\_

Print your full name \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used \_\_\_\_\_

List States and Counties of Residence for the past 7 years  
(Attach a separate sheet if more space is needed.)

State \_\_\_\_\_ City/County \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issuing License \_\_\_\_\_

Sex: Male Female Race: Asian Black Hispanic White Other \_\_\_\_\_  
(circle one) (circle one)

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 211 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

(California applicants only)

Please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Company Name:** Cancer Care Associates

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

## 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.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit) 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 1-888-567-8688.

- **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.ftc.gov/credit](http://www.ftc.gov/credit).

**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. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051