

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 Providence - San Bruno ("the Company") 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 Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. 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 or employees 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

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

Current Address

City, State and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.

FCRA:EMPLOYMENT:010327:201501

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Providence - San Bruno ("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, 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.

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 Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.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

Date

APPLICATION FOR EMPLOYMENT

Please print in ink and answer all questions completely.

THIS FACILITY IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL	SOC. SEC. NO.	HOME PHONE
STREET ADDRESS	APT#	CITY	STATE	ZIP
EMAIL ADDRESS				CELL PHONE
DO YOU HAVE RELATIVES WORKING FOR THE COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:	HOW WERE YOU REFERRED TO THE COMPANY? HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES			
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:	ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY?? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES			
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:	FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE LICENSE #, STATE AND EXP. DATE:			
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:				
AVAILABILITY TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (# OF HOURS PER WEEK): _____ <input type="checkbox"/> TEMPORARY (AVAILABLE THROUGH): _____				
IF NECESSARY, ARE YOU ABLE AND AVAILABLE TO WORK ANY OF THE FOLLOWING:				
		OVERTIME: <input type="checkbox"/> NO <input type="checkbox"/> YES	EVENINGS: <input type="checkbox"/> NO <input type="checkbox"/> YES	
		OVERNIGHT: <input type="checkbox"/> NO <input type="checkbox"/> YES	WEEKENDS: <input type="checkbox"/> NO <input type="checkbox"/> YES	
		HOLIDAYS: <input type="checkbox"/> NO <input type="checkbox"/> YES	BUSINESS TRAVEL: <input type="checkbox"/> NO <input type="checkbox"/> YES	
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)			ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES

SCHOOL	LOCATION	CIRCLE GRADE/ YEARS COMPLETED	UNIT CREDITS	GRADUATED / COMPLETED	MAJOR / DEGREE EARNED
HIGH SCHOOL		9 10 11 12		<input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2		<input type="checkbox"/> NO <input type="checkbox"/> YES	
COLLEGE		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	
BUSINESS OR TRADE SCHOOL		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	
LIST PROFESSIONAL DESIGNATIONS:					

MILITARY

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:	

SKILLS (Check any of the following skills you possess)

LIST ANY FOREIGN LANGUAGES YOU KNOW: _____ _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> OFFICE (WORD, EXCEL, OUTLOOK) <input type="checkbox"/> WINDOWS <input type="checkbox"/> GOLDMINE <input type="checkbox"/> MAS 90 <input type="checkbox"/> ORACLE <input type="checkbox"/> PEOPLESOFT <input type="checkbox"/> PCC <input type="checkbox"/> OTHER: _____
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ADDITIONAL INFORMATION

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAME(S) YOU USED:
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK? <input type="checkbox"/> NO <input type="checkbox"/> YES
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> NO <input type="checkbox"/> YES
ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION, PLEASE EXPLAIN:

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS / EMPLOYEES TO PERFORM THEIR ESSENTIAL JOB FUNCTIONS. AN APPLICANT'S HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, SKILL AND AGILITY TESTS, ETC.)

EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, ATTACH A SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME.

FIRM (please start with the most recent position)	MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY STATE ZIP	
SUPERVISOR	PHONE	
DATES OF EMPLOYMENT (include month and year) FROM: TO:		<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME REASON FOR LEAVING:

FIRM (please start with the most recent position)	MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY STATE ZIP	
SUPERVISOR	PHONE	
DATES OF EMPLOYMENT (include month and year) FROM: TO:		<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME REASON FOR LEAVING:

FIRM (please start with the most recent position)	MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY STATE ZIP	
SUPERVISOR	PHONE	
DATES OF EMPLOYMENT (include month and year) FROM: TO:		<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME REASON FOR LEAVING:

PROFESSIONAL REFERENCES

IN THE SPACE BELOW, LIST THREE PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME	OCCUPATION / HOW DO YOU KNOW THIS PERSON?	PHONE NUMBER	EMAIL	YEARS KNOWN
1.				
2.				
3.				

INITIAL AFFIDAVIT

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent offer of employment, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

_____ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

_____ I understand that the Company may be required to participate in E-Verify. If so, the Company will provide the federal government with my Form I-9 information to confirm that I am authorized to work in the U.S. If E-Verify cannot confirm that I am authorized to work, the Company is required to give me written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so I can begin to resolve the issue before the Company can take any action against me, including terminating my employment. The Company can only use E-Verify once I have accepted a job offer and completed the Form I-9.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: _____ DATE: _____

Social Security Number

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Date of Birth

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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