

MedHQ, LLC

Two Westbrook Corporate Center, #1010
Westchester, IL 60154
Phone 708-492-0519 / Fax 708-492-0547

Application for Employment

It is the policy of MedHQ, LLC to provide equal employment opportunity to all qualified persons. Race, color, religion, age, sex, national origin, veteran or disability status are not factors in employment, promotion and compensation decisions.

Position Desired 1. _____ 2. _____

Date Available _____ Salary Required _____

Name _____ Social Security No. _____
(print) Last Name First Middle

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency / Alternate Phone _____

How did you learn of this position? _____

Specify any hours or days you will not work:

Have you ever been convicted of a felony? Yes No

If yes, when, where, and for what? _____

Have you ever been convicted of a DUI, DWI or public intoxication? Yes No

If yes, give dates _____

Are you willing to travel on business? Yes No

EDUCATION

| | High School | College/University | Other |
|--|-------------|--------------------|-------|
| School Name & Location | | | |
| Years Attended | | | |
| Major/Degree | | | |
| Other Relevant Training Completed, Scholastic Honors, and Relevant Extra-Curricular Activities | | | |

EMPLOYMENT HISTORY

Please list employment for the last 10 years, starting with your current or most recent position. Complete the first group of questions or attach a resume.

| | | | |
|------------------|---------------|------------------------|---------------------|
| Company | Employed | Your Title or Position | Reason for Leaving |
| Address | From (Mo/yr.) | | |
| City, State, Zip | To (Mo/yr.) | Name of Supervisor | Salary Upon Leaving |
| Phone | | | |

If this is your current employer, may we contact them? Yes No

| | | | |
|------------------|---------------|------------------------|---------------------|
| Company | Employed | Your Title or Position | Reason for Leaving |
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| City, State, Zip | To (Mo/yr.) | Name of Supervisor | Salary Upon Leaving |
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| City, State, Zip | To (Mo/yr.) | Name of Supervisor | Salary Upon Leaving |
| Phone | | | |

Please Read and Sign

I certify that the facts stated on this application are true and complete to the best of my knowledge and that I have withheld nothing that would effect unfavorably upon my application. I understand that if hired, any false statements or omissions on this application could result in my immediate termination. The company is hereby authorized to investigate my employment history, credit record, criminal and driving record, education and references.

I understand that my employment is for no definite period and is "at will", and that the employer/employee relationship can be terminated at any time with or without prior notice.

I acknowledge that I have read and understand the above statements.

Signature _____

Date _____

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization
Page 1 of 2**

I authorize MedHQ, The Center for Special Surgery at TCA and ⁽¹⁾ Accurate Information Systems, Inc., a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: ⁽²⁾ Accurate Information Systems, Inc., 755 Waverly Avenue, Suite 307 Holtsville, New York – NY 11742 – Phone: 800-295-7109 / Fax: 631-289-4064.

I hereby certify all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.*

Signature _____ Social Security Number _____ Date _____

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information in order to obtain unescorted access to a _____ facility or plant.

PLEASE PRINT CLEARLY.

Last Name First Name Middle Name

Street Address City State ZIP

Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization
Page 2 of 2**

If currently employed: My current employer may be contacted.
 YES NO N/A Post Hire Only Applicant's Initials

Is employment/prospective employment in California? YES NO

If you are applying for employment in the State of California please note that a new *Disclosure and Release of information Authorization* is required for any subsequent Consumer Report/Investigative Consumer Report.

_ Notice to Maine Applicants

Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

_ Notice to New York Applicants

Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of the New York Correction Law.

Are you applying for employment in California, Minnesota or Oklahoma? YES NO

If so, would you like a copy of any Consumer Report prepared on you? YES NO

Are you already an employee of _____, but required to update background information in order to be granted access to _____ customer or supplier premises? YES NO

If yes, you agree to the further disclosure of information for the limited purposes of such access rights. YES NO

Please sign receipt and understanding of page 2 _____

Date: _____