

Medicare Trans LLC

Employee Application

Position You Are Applying For:

Note: Please complete all areas of the application. Entries of "See Resume" are unacceptable. Please enter N/A ("not applicable") for areas that do not apply to you, and place a check mark next to Yes or No for any of the following questions.

Personal Data (Please print or type all requested information)

Name:

DOB:

SSN:

Physical Address (street, city, state, zip):

Mailing Address (if different):

Home Phone:

Cell Phone:

Email address:

How were you referred to this company? Referral Internet Newspaper Walk in
 Other (please specify): _____

Have you previously been employed with this company? Yes No

If hired, can you present evidence of U.S. Citizenship or proof of legal right to work in this country?
 Yes No

Are you age 25 or older? Yes No

If applying for a driving position, do you have 3 years of driving experience? Yes No

Are you able to perform the essential requirements of the position for which you are applying?
 Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential requirements of the job? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If YES, please explain the circumstances of the conviction.

Have you ever served in the Armed Forces? Yes No

If YES, were you dishonorably discharged? Yes No

Availability

Please indicate the days of the week you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Medicare Trans LLC

Education				
	Name and Location of School	Years Completed	Graduated? (Yes/No)	Degree Held
High School				
College				
Trade School				
Other (List type of school) (i.e. GED)				
Please list any skills or training related to the position you are seeking:				
Licensure/Certification (Please submit copies of certifications)				
First Aid/CPR:				
HIPPA Training:				
Employment History (Please provide information for last two employers)				
1. Name of Employer (Current or most recent):				
Type of job:		Length of time at job:		
Reason for leaving job:		Ending Salary:		
2. Name of Employer (previous):				
Type of job:		Length of time at job:		
Reason for leaving job:		Ending Salary:		
Please list all languages spoken:				
<hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>				

Medicare Trans LLC

Employment References (Please provide the names of three persons, not related to you, who can attest to your work performance)			
Name	Relationship	Phone Number	Years known
1.			
2.			
3.			
Driver Information and Qualifications			
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number:	State Issued:	Exp. Date:	
List any motor vehicle violations in which you were convicted or forfeited bond or collateral during the last three (3) years:			
List any motor vehicle accidents in which you were involved during the last three (3) years. Provide date of vehicle accident, nature of the accident and whether any fatalities or personal injuries were caused:			
Have you ever had any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, provide detail of the fact(s) and circumstance(s):			
List all traffic violations (other than parking violations) during the past twelve (12) months:			
I certify that the above information is true and accurate to the best of my ability. I authorize investigation of all statements contained in this application; I understand that the misrepresentation or omission of facts called for is cause for dismissal. I hereby give Medicare Trans, LLC, permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the company from any liability as a result of such contact.			

_____ Applicant Printed Name _____ Date

_____ Applicant Signature

Medicare Trans, LLC, is an equal employment opportunity employer. The company adheres to a policy of making all decisions without regard to race, color, gender, national origin, religion, marital status, veteran/uniformed services status, age, disability, or other protected class status.

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with Medicare Trans LLC, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to The Arizona Group or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Medicare Trans LLC's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include Middle Initial)

Social Security Number

Driver's License Number

State of Issuance

Date of Birth

Signature

Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

MEDICARE TRANS, LLC ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, www.occuscreen.com**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: 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. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees 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. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees 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.

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.

SERVICES REQUESTED (Check all that apply)

Employer: MEDICARE TRANS, LLC

Phone: 928-613-6314

Requested By:

Screening Package: 7 Year Search Scope; Social Security Trace, County Criminal Court Search (up to 4 counties), National Criminal Search, Motor Vehicle Report & Sex Offender Search.

Social Security Trace

National Criminal Search

County Criminal Court Search

Sex Offender Search

Motor Vehicle Report

In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name:		Middle Initial:		
Last Name:				
Social Security Number:			Birth Date:	
Current Address:				
City:		State:		Zip:
Driver's License #:			State:	
Other Names Used (previous 7 years only):				
1.		2.		
3.		4.		
Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.				
City	County	State	Zip	From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Employer Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.

MEDICARE TRANS, LLC (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. 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 **Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, www.occuscreen.com**. 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 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.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.

Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 20006.**

- **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 a victim of identity 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,

***Please note:** These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.*

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 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.consumerfinance.gov/learnmore.

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.

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:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

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

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW

Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA

Washington, DC 20580

(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group

1301 McKinney Street, Suite 3450

Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center

PO Box 1200

Minneapolis, MN 55480

c. FDIC Consumer Response Center

1100 Walnut Street, Box #11

Kansas City, MO 64106

d. National Credit Union Administration

Office of Consumer Protection (OCP)

Division of Consumer Compliance and Outreach (DCCO)

1775 Duke Street

Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings

Aviation Consumer Protection Division

Department of Transportation

1200 New Jersey Avenue, SE

Washington DC 20590

Office of Proceedings, Surface Transportation Board

Department of Transportation

395 E Street S.W.

Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access

United States Small Business Administration

409 Third Street, SW, 8th Floor

Washington, DC 20416

Securities and Exchange Commission

100 F St NE

Washington, DC 20549

Farm Credit Administration

1501 Farm Credit Drive

McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or

Federal Trade Commission: Consumer Response Center – FCRA

Washington, DC 20580

(877) 382-4357

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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 **MEDICARE TRANS, LLC** 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 **Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, www.occuscreen.com**, another outside organization acting on behalf of the Company, 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.

Minnesota and Oklahoma applicants or employees 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: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. 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 (if under 18) Guardian Signature

***Please note:** These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.*