

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



PEREGRINE HEALTH MANAGEMENT COMPANY  
APPLICATION FOR EMPLOYMENT

PHMC 129 11-11

Please mail completed application to:  
Woodholme Gardens  
Attn: Human Resources  
1700 Woodholme Ave  
Pikesville, MD 21208

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

| <b>PLEASE COMPLETE PAGES 1-5.</b>  |                | DATE _____   |                           |                |
|--|----------------|--|---------------------------|----------------|
| Name _____   |                | Social Security No. _____-_____-_____              |                           |                |
| LAST   | FIRST          | MIDDLE   |                           |                |
| Present address _____  |                | How long at current address? _____ Telephone _____ |                           |                |
| Number   | Street         | City   | State                     | Zip            |
| Previous address _____   |                | How long at previous address? _____                |                           |                |
| Number   | Street         | City   | State                     | Zip            |
| Are you under age 18 ___ YES ___ NO? If "YES", can you provide proof of your eligibility to work? ___ YES ___ NO   |                |  |                           |                |
| Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.   |                |  |                           |                |
| Position applied for (1) _____<br>and wage desired (2) _____<br>(Be specific)  |                | Days/hours available to work                       |                           |                |
|  |                | No Pref _____                                      |                           | Thur _____     |
|  |                | Mon _____  |                           | Fri _____      |
|  |                | Tue _____  |                           | Sat _____      |
|  |                | Wed _____  |                           | Sun _____      |
| How many hours can you work weekly? _____  |                |  |                           |                |
| Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME                                   |                |  |                           |                |
| When are you available to start work? _____  |                |  |                           |                |
| Have you previously applied for employment with this company? Yes _____ No _____ If yes, provide dates of employment, location, and reason for separation from employment. _____ |                |  |                           |                |
| EDUCATION  | NAME OF SCHOOL | LOCATION<br>(Complete mailing address)             | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School  |                |  |                           |                |
| College  |                |  |                           |                |
|  |                |  |                           |                |

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EMPLOYMENT APPLICATION (cont'd)

|                      |  |  |  |  |
|----------------------|--|--|--|--|
| Bus. or Trade School |  |  |  |  |
| Professional School  |  |  |  |  |
|                      |  |  |  |  |
|                      |  |  |  |  |

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:

All Applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to, or been convicted of any crime other than the applicable exceptions listed above?  
 No  Yes

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial?  
 No  Yes

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, explain type(s) of conviction(s), date(s), number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation so that individual circumstances can be considered. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's function and qualifications, the frequency of convictions, the applicants age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

Have you ever initiated an act of violence in the workplace? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.) \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No (answer only if required by the job for which you are applying)

Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during past three years? How Many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Driver's license: (answer only if using as your form of identification)  
number \_\_\_\_\_ State of issue \_\_\_\_\_  
Expiration date \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

Other form of Identification: \_\_\_\_\_

List all technical skills that you feel qualify you for the job for which you are applying (e.g., computer programming/language, software, equipment operation, special tools or machines, etc.) \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

OFFICE POSITIONS ONLY

Typing Yes \_\_\_\_\_ No \_\_\_\_\_ 10 key Yes \_\_\_\_\_ No \_\_\_\_\_ Word Processing Yes \_\_\_\_\_ No \_\_\_\_\_  
WPM \_\_\_\_\_ WPM \_\_\_\_\_  
Personal Computer Yes \_\_\_\_\_ No \_\_\_\_\_

Please list two work related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

|                        |                        |
|------------------------|------------------------|
| Name _____             | Name _____             |
| Position _____         | Position _____         |
| Company _____          | Company _____          |
| Address _____<br>_____ | Address _____<br>_____ |
| Telephone ( ) _____    | Telephone ( ) _____    |

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No  
IF YES, TYPE OF DISCHARGE \_\_\_\_\_  
Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

**WORK EXPERIENCE**

Please list your work experience for the **past seven years** beginning with your most recent job held. Account for all periods of time including any period of unemployment. You may include any verifiable work performed on a voluntary basis, internships, or military service. If you were self-employed, give firm name and business references. **Attach additional sheets if necessary.**

| Name of employer<br>Address  | Type of business | Name of last<br>supervisor | Employment dates | Pay or salary |
|--|------------------|----------------------------|------------------|---------------|
| City, State, Zip Code<br>Phone number  |                  |                            | From             | Start         |
|  |                  |                            | To               | Final         |
| Your last job title  |                  |                            |                  |               |
| Reason for leaving (be specific)   |                  |                            |                  |               |
| May we contact? Yes _____ No _____ If No, why not? _____   |                  |                            |                  |               |
| If applicable, how much notice did you give when resigning? If none, please explain. _____                                     |                  |                            |                  |               |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                  |                            |                  |               |
|  |                  |                            |                  |               |
|  |                  |                            |                  |               |

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EMPLOYMENT APPLICATION (cont'd)

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EMPLOYMENT APPLICATION (cont'd)

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| City, State, Zip Code<br>Phone number  |                  |                            | From             | Start         |
|  |                  |                            | To               | Final         |
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|  |                  |                            |                  |               |

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| City, State, Zip Code<br>Phone number  |                  |                            | From             | Start         |
|  |                  |                            | To               | Final         |
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|  |                  |                            |                  |               |
|  |                  |                            |                  |               |

Please explain fully all gaps in your employment history in excess of one month. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

Did you complete this application yourself  Yes  No If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

In exchange for the consideration of my job application by Peregrine Health Management Company, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,\_\_\_\_ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.\_\_\_\_ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_

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 at any time without any previous notice.\_\_\_\_ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.\_\_\_\_

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.\_\_\_\_ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.\_\_\_\_

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.\_\_\_\_

I understand that the Company provides a drug-free workplace and that the Company has the right to conduct pre-employment and/or post employment drug testing.\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Peregrine Health Management Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Peregrine Health Management Company depends solely on your qualifications.

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EMPLOYMENT APPLICATION (cont'd)

DISCLOSURE

DISCLOSURE - Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address Dates Lived Here

\_\_\_\_\_  
City State Zip Code Telephone Number

\_\_\_\_\_  
Date of Birth Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
Social Security Number Driver's License # State

\_\_\_\_\_  
Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

Equal  
Opportunity  
Employer

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EMPLOYMENT APPLICATION (cont'd)

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

|              |                     |      |
|--------------|---------------------|------|
|              |                     |      |
| Printed Name | Applicant Signature | Date |

\_\_\_ CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:

If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

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EMPLOYMENT APPLICATION (cont'd)

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

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SIGNATURE

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DATE

(THIS STATEMENT MUST BE ATTACHED TO ALL EMPLOYMENT APPLICATION IN THE STATE OF MARYLAND)