

EMPLOYMENT: Start with most recent employer.

(YOU MUST COMPLETE ALL SECTIONS EVEN IF YOU HAVE PROVIDED YOUR CURRENT RESUME.)

EMPLOYER:	DATES EMPLOYED:
FULL ADDRESS:	PHONE #: SUPERVISOR:
JOB TITLE:	ENDING SALARY:
REASON FOR LEAVING:	MAY WE CONTACT? YES NO IF NO, PLEASE EXPLAIN:
EMPLOYER:	DATES EMPLOYED:
FULL ADDRESS:	PHONE #: SUPERVISOR:
JOB TITLE:	ENDING SALARY:
REASON FOR LEAVING:	MAY WE CONTACT? YES NO IF NO, PLEASE EXPLAIN:
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EMPLOYER:	DATES EMPLOYED:
FULL ADDRESS:	PHONE #: SUPERVISOR:
JOB TITLE:	ENDING SALARY:
REASON FOR LEAVING:	MAY WE CONTACT? YES NO IF NO, PLEASE EXPLAIN:

PROFESSIONAL LICENSE OR CERTIFICATION

(PLEASE LIST EACH SEPARATELY.)

TYPE OF LICENSE AND/OR CERTIFICATION HELD: _____
NUMBER: _____ STATE: _____ EXPIRATION: _____

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REFERENCES: Please provide business or personal references.

Name:	Name:	Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
Title/Relationship:	Title/Relationship:	Title/Relationship:

Title VI of the Civil Rights Act of 1968 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. Lions Gate complies with this Act in its hiring practices.

COMPLIANCE QUESTIONNAIRE

Pursuant to Federal law and the Office of the Inspector General's (OIG) recommendations, each applicant must answer and certify the following:

1. Have you ever had your professional license suspended or revoked? YES _____ NO _____
If yes, in which State(s)? _____ When? _____
2. Are you **currently charged** with a criminal offense related to the delivery of health care services **or have you been charged with any offense(s) that are identified by the Department of Health as prohibiting an individual from working in this field?**
YES _____ NO _____
If yes, please give the date(s) and a brief description of the offense(s) and, if convicted or otherwise found to have violated the law, the sentence(s) or penalties imposed: _____
3. Have you ever been convicted of a felony or misdemeanor (including a plea bargain or other arrangement with prosecuting authorities) relating to the delivery of health care services **and/or** the crimes of neglect, violence, theft, dishonesty, or financial misconduct? YES _____ NO _____
If yes please give the date(s) and a brief description of the offense and sentence: _____
4. Have you ever been excluded (or proposed for exclusion) from the Medicare or Medicaid programs or any other federally funded health program, or had a civil monetary penalty or administrative fine imposed against you?
YES _____ NO _____
If yes, please give the date(s) and a brief description of the offense resulting in the penalty and date of reinstatement: _____
5. Have you ever been listed on the publication for the Treasury's Office of Foreign Assets Control ("OFAC")? (This is designed as a reference providing actual notice of actions by OFAC with respect to Specially Designated Nationals and other persons whose property is blocked, to assist the public in complying with the various sanction programs administered by OFAC.) YES _____ NO _____ If yes, list dates and reason: _____

I hereby certify that I am not currently charged with a criminal offense related to the delivery of health care services, have never been convicted of an offense that would preclude my employment at a nursing facility and that I have not been excluded from participation in the Federal health care programs.

DATE: _____ **SIGNATURE:** _____

AGREEMENT

If I am employed, in consideration thereof, I agree to conform to the rules and regulations of Lions Gate and recognize, understand and agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of Lions Gate. I understand that no one other than the CEO or designee of Lions Gate has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the CEO or designee of Lions Gate.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to you. I also agree to permit Lions Gate to conduct substance abuse test and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) shall result in discharge. I also understand and agree that employment may be subject to my taking a physical examination from a designated health care practitioner, and that in the practitioner's opinion I must be physically and mentally able to perform the work for which I am applying or being considered. Once I am employed, I will be required to complete an Employment Verification Form (I-9) and within three (3) days show satisfactory evidence of identity and eligibility for employment.

I certify that the answers and information provided herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Rev 1/10

HIRING MANAGER RECOMMENDATION:

INTERVIEW DATE: _____ POSITION OFFERED: _____ YES _____ NO
POSITION: _____ STATUS: _____ DATE REFERRED TO HR: _____
ASSIGNED LOCATION: _____ % I/L _____ % A/L _____ % SKILLED

HIRING MANAGER SIGNATURE: _____ DATE: _____

HUMAN RESOURCES:

MEDICAL CLEARANCE: _____ BACKGROUND CLEARANCE: _____
ORIENTATION DATE: _____ DATE CONFIRMED: _____

HR REPRESENTATIVE SIGNATURE: _____ DATE: _____

OIG "List if Excluded Individuals/Entities" websites (<http://www.hhs.gov/oig>) checked:
For applicant name? _____ Date: _____ Name Found? NO _____ YES _____
Action on Applicant: Date Hired: _____ Not Hired: _____
OFAC (Specially Designated Nationals and Blocked Persons) Date checked: _____