

BIO-PACIFIC

Applicant Packet

Packet Instructions

We appreciate your interest in the Company.

This Applicant Packet requests information from you that is needed to consider you for employment. Please provide complete and accurate information and fill out these forms within view of a Company representative. You must sign all forms requiring your signature. Please ask for assistance if you have any questions about the forms:

The Application Packet contains the following forms:

- **Employment Application**
- **Confidential Reference Checks (2)**
- **License or Certification Verification**
- **Certification of Accuracy**
- **Applicant Flow Data**
- **Substance Abuse and Testing Policy Acknowledgment and Consent. Sign and date this form in the presence of a Company representative.**
- **Employment Dispute Resolution Program Agreement**

When you have completed the forms, please return them to the receptionist or individual who greeted you. Thank you.

EMPLOYMENT APPLICATION

BIO-PACIFIC (the "Company") is an equal opportunity and affirmative action employer committed to diversifying its workforce. It is the Company's policy to provide equal employment opportunities to all employees and applicants without regard to race, color, creed, religion, sex, gender, gender identity or expression, national origin, ancestry, age, mental or physical disability, genetic information, marital status, familial status, sexual orientation, military or veteran status or any other legally protected status under applicable law or similar factors that are not job-related. No question on the application is intended to secure information about these subjects. We encourage all qualified individuals to apply for employment. We also provide reasonable accommodation to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require assistance or a reasonable accommodation to complete the application or any aspect of the application process, please contact the Human Resources Department or the hiring manager.

PERSONAL INFORMATION			
Date			
Name (Last Name)	(First)	(Middle)	
Current Address		Phone Number	
City	State	Zip Code	County

POSITION DESIRED			
Position Applied For		<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	
Wage/Salary Expected \$ Hourly/Year	Date Available to Start	Shift Preference <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
Have You Ever Worked For This Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When And Where?	
Have You Ever Applied To This Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When And Where?	
Do You Have Any Relatives Who Work For The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Identify			
Do you have valid driver's license? (Only for jobs where driving a vehicle is an essential function) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School Recruiting <input type="checkbox"/> CNA Program <input type="checkbox"/> Internet Ad <input type="checkbox"/> Job Fair <input type="checkbox"/> Open House <input type="checkbox"/> Placement Agency <input type="checkbox"/> Community Agency <input type="checkbox"/> Other _____ <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In			

WORK AUTHORIZATION

Are You legally authorized to work in the USA? Yes No

To comply with the Immigration Reform And Control Act, if you are hired, you will be required to provide documents to establish your identity and your authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment will be less than three (3) days.

If employed by **BIO-PACIFIC**, you will be subject to its Employee Handbook, Code of Conduct, Employment Dispute Resolution Program, and all policies and procedures.

WORK EXPERIENCE (Most Recent First)			
1 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION		ENDING POSITION
FROM Mo__Yr__ TO Mo__Yr__	SALARY		NAME & TITLE OF SUPERVISOR
PHONE NUMBER	Beginning	Ending	
Area Code ()			Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION		ENDING POSITION
FROM Mo__Yr__ TO Mo__Yr__	SALARY		NAME & TITLE OF SUPERVISOR
PHONE NUMBER	Beginning	Ending	
Area Code ()			Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
3 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION		ENDING POSITION
FROM Mo__Yr__ TO Mo__Yr__	SALARY		NAME & TITLE OF SUPERVISOR
PHONE NUMBER	Beginning	Ending	
Area Code ()			Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No

May we contact your current employer listed above? YES NO

Use this space to describe any previous work history and or/detail particular job responsibilities listed above that you believe are important or should be considered. Include any additional information that you feel maybe be relevant to the job for which you are applying.

List additional references, including address and telephone

RECORD OF EDUCATION

Name and Address of School(s)	Dates Attended		Graduated		Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
	From	To	Yes	No		
	Mo./Yr.	Mo./Yr.				
High School (Last Attended)						
Colleges/Universities						
Graduate School						
Other (Business, Technical, Secretarial, etc.)						

Please list any professional affiliations or accreditations that have a direct bearing upon your qualification for the job for which you are applying. Include all licenses and certifications.

Have you ever had your profession license or certification suspended, revoked or restricted? Yes No If yes, please explain:

Do you have any special skills or abilities that directly relate to the job for which you are applying?

Confidential Reference Check

The person named below has applied for employment. He/ she has authorized the collection of any information concerning past employment with your organization. The Company deals in long-term health care and it is of the utmost importance to us that we hire the right person for the job. Therefore we would appreciate your reply to the questions below. Thank you.

Supervisor

I hereby release from all liability the Company or people named below, and authorize him or her to release all information regarding my employment with them.

Date

Applicant's Signature

Applicant's Name: _____ Position Applied for: _____

Employed By: _____

Name, Title, & Relationship of person contacted: _____

Employment From: _____ to _____ Salary: _____ per _____

Position and description of duties: _____

Describe applicant's performance (what are the applicant's strong/weak points in comparison with the other people who are doing or have done the same job?) _____

Signature

Title

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Describe applicant's performance (what are the applicant's strong/weak points in comparison with the other people who are doing or have done the same job?) _____

Signature

Title

License or Certification Verification

EMPLOYEE NAME			
EXPIRATION DATE		LICENSE/CERTIFICATION#	
STATE ISSUED		LICENSE TYPE	
I HAVE DIRECTLY VERIFIED THIS EMPLOYEE'S ORIGINAL LICENSE OR CERTIFICATION AS DOCUMENTED ABOVE. A COPY ATTACHED			
SIGNATURE			
TITLE			

Certification of Accuracy

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize the Company and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualification for the position I applied for. I hereby release from liability the company and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give the company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualification for the positions applied for. I release all persons or entities from liability for any damage or injury that may result from furnishing information to the company: I also release the company and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree the nothing contained in this application packet or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by the Company's policies and procedures, *Code of Conduct*, *Employment Dispute Resolution Program*, and *Employee Handbook*. I understand and agree that my employment is "at-will" and, therefore, my employment can terminate, with or without cause, at any time at my option or the option of the company. This "at- will" employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by the company to perform the essential functions of any job for which I am offered employment. I understand that if offered employment I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examination and/or physical ability tests to demonstrate that I can perform the essential function of my job.

I understand and agree that the company may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. The company reserves the right to conduct a search on company property or of the company's property, vehicles, and /or equipment at any time. I further understand that if I refuse to submit to a company search, I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with the company after this application expired, it is my responsibility to complete a new application.

Signature

Date

Applicant Flow Data

It is our policy to provide employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or disabled Vietnam-era status.

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD-KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS. Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

Completion of this sheet is voluntary is not required for employment.

Name _____

Date_____

Position applied for: _____

Race:

Sex:

_____ White

_____ Female

_____ Black

_____ Male

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian/ Alaskan Native

Regulation issued by the U.S Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulation, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

_____ **Special Disabled Veteran** (a person who is entitled to disability veteran compensation under laws administrated by the Veterans Administration for a disability rated at 30% or more; or (2) was discharged or released from active duty because of a service-connected disability.)

_____ **Vietnam Era Veteran** (A veteran who is honorably discharged and served 180 days of active duty between 05 August 1964 and 07 May 1975).

_____ **Other Eligible Veteran** (A veteran who served on active duty during a war on in a campaign or expedition for which a campaign badge has been authorized).

Substance Abuse and Testing Policy Acknowledgement and Consent

AGREE TO BE BOUND BY POLICY

I do hereby agree to be bound by **BIO-PACIFIC** (the "Company") Substance Abuse and Testing Policy (the "Policy"), the terms of which are incorporated herein by reference, as a condition for employment and for the purpose of applying for, accepting, or continuing employment with the Company.

DRUG-FREE STATEMENT

I also hereby state that I am not a user of controlled substances that have not been prescribed for me by a licensed physician for authorized use. I agree to comply with the Drug-Free Workplace Act provisions under the Company's Substance Abuse and Testing Policy and understand that, as a condition of employment, I must notify the Company if I am convicted of a criminal drug offense occurring in and/or outside the workplace no later than five (5) days after any such conviction.

HOLD HARMLESS PROVISION

I hereby agree to furnish a specimen, as required, for testing under the Policy. I also agree that any Company employee or contractor who has been authorized and designated by the Company for such purposes, may perform appropriate chemical tests on my specimen for the presence of illegal drugs or prescription drugs for which I do not have a valid prescription. I further acknowledge that my application for employment or my continued employment with the Company may be affected consistent with the terms of the Policy based upon a positive result of any such test showing substance usage in violation of the Policy.

To the full extent authorized by applicable laws, rules and regulations. I release and hold the Company and any laboratory utilized under the Policy, as well as their respective employees, agents, and other contractors for services under the Policy, harmless from any liability (including any liability arising by virtue of negligence) arising from any request made to furnish any required specimen for testing of such specimen pursuant to the Policy, the release of information in accordance with this authorization and any decisions made concerning my application for employment or my continued employment with the Company based upon a positive result of such test showing drug usage in violation of the Policy.

CONSENT TO THE RELEASE OF TEST RESULTS

I hereby give my permission to any Company employee who has been authorized and designated by the Company for such purposes, and any physician, laboratory, hospital or medical professional that has been authorized and designated by the Company for such purposes, to release the results of any tests made pursuant to the Policy to the Company, the Company's designated Medical Review Officer, the Company's Worker's Compensation insurance carrier, and any other person who has a lawful right or need to be informed of such results.

In the event I am seriously injured in an work related accident and unable to provide a specimen at that time, I do hereby authorize the Company to obtain, and the treating facility to release, any hospital reports, other documents or specimens which would indicate whether or not there were any controlled substances or alcohol in my system at the time of the accident.

(continued)

Substance Abuse and Testing Policy

Acknowledgment and Consent

By signing below, I acknowledge that I have read the provisions of the Policy and the foregoing Acknowledgement and Consent form, or had such documents read to me, know the content thereof, and freely and voluntarily affixed my signature on this document.

I hereby freely and voluntarily agree to the terms of this Substance Abuse and Testing Policy Acknowledgement and Consent form.

Applicant Name

(please print)

Applicant Signature

(Date)

Designated Facility Representative Signature

(Date)

Employment Dispute Resolution Program Agreement

The Company is committed to building positive employee relations, encouraging open communication and respecting the right and dignity of our employees. We recognize, however, that problems may arise in work relationship. The Company Employment Dispute Resolution (EDR) Program provides a process for resolving employment problems. The EDR Program ensures a fair resolution to disputes and is often a much faster and less expensive process. No remedies that otherwise would be available to you or the Company in a court of law will be forfeited by virtue of the agreement to use and be bound by the EDR Program. If you wish to be considered for employment you must read and sign the following agreement binding you to use the EDR program to resolve disputes. An EDR Program Booklet describing the program in detail is available where you obtained the Applicant Packet.

I recognize that differences may arise between the Company and me during my application process or employment with the Company. I recognize that it is in our mutual best interests that disputes be resolved in a manner that is fair, private, expeditious, economical, final and less burdensome and adversarial than litigation in court. Therefore, both the Company and I agree to resolve all claims, controversies or disputes in relation to my application for employment, my employment and/or termination of employment with the Company exclusively through the Company's Employment Dispute Resolution Program. By way of example only, such claims include claims under federal, state and local statutory, regulatory or common law, such a Title VII of the Civil Rights Act, the Family and Medical Leave Act claims for wrongful discharge, claims for public policy violations, and claims for public policy violations, and claims under the law of contracts and the law of torts.

I understand and agree that the last step of the EDR Program is final and binding arbitration by a neutral arbitrator. I understand and agree that this mutual agreement to use the EDR Program and to arbitrate claims means that the Company and I are bound to use the EDR Program as the only means of resolving employment related disputes and to forego any right either may have to a jury trial. I further understand and agree that if I file a lawsuit regarding termination of my employment, the Company may use this Agreement in support of its request to the court to dismiss the lawsuit and require me to use the EDR Program instead. I also agree to bring any dispute under the EDR Program on an individual basis only, and not as a class, collective or representative action.

I understand that signature to this Agreement does not guarantee that the Company will offer me employment. If the Company offers me employment and I become employed at the Company, this Agreement does not change the "at-will" status of my employment. I understand that no representative of the Company, other than an officer of the Company at the level of Executive Vice President or above, has the authority to make any agreement contrary to the foregoing or to alter the Company's EDR Program.

I understand that the EDR Program affects my legal rights. I also understand that I may obtain a copy of the EDR Program Booklet and seek legal advice before signing this Agreement. The full details of the EDR Program are contained in the EDR Program Booklet, which is hereby incorporated by reference.

I certify that I have ready this Agreement, I have had an opportunity to ask questions regarding its content, I understand this Agreement, I believe it to be fair, and I voluntarily enter into this Agreement.

Signature

Date

Social Security #