



EMPLOYMENT APPLICATION

This application will be considered active for the position applied for 90 days after receipt by the business unit. Thereafter, you must reapply if you continue to be interested in employment. AEGIS provides equal opportunities without regard to race, color, sex, religion, national origin, age, sexual orientation, non-disqualifying disability, veteran status or any other protected status.

Please read carefully; answer all questions; print clearly in ink. If any additional space is required, attach additional paper.
 Management and professional applicants must attach a resume.

TODAY'S DATE

PERSONAL

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER	
HOME STREET ADDRESS		APT.	CITY	STATE
ZIP CODE				
HOME PHONE	MESSAGE PHONE	HAVE YOU BEEN PREVIOUSLY EMPLOYED BY AEGIS OR ANY RELATED ENTITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
		IF YES, DATES: FROM: / / TO: / / LOCATION: POSITION:		
EMAIL ADDRESS				
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF UNDER 18, CAN YOU, AFTER EMPLOYMENT, SUBMIT A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CAN YOU, AFTER EMPLOYMENT, SUBMIT CERTIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING THEFT? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING ABUSE, NEGLIGENCE, OR MISTREATMENT OF AN INDIVIDUAL? YES NO

AEGIS will not deny employment to any applicant solely because the applicant has been convicted of a crime. AEGIS will consider the nature, date, and circumstances of the offense as whether it is job related.

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, LIST THE CONVICTIONS BELOW.

OFFENSE(S)	DATE	PLACE	DISPOSITION
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ILLINOIS APPLICANTS ARE NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST.

HOW DID YOU LEARN OF THIS JOB OPENING? (CHECK ONE)

EMPLOYEE	JOB	COLLEGE, TRADE	OTHER
<input type="checkbox"/> REFERRAL	<input type="checkbox"/> SERVICE	<input type="checkbox"/> SCHOOL OTHER	<input type="checkbox"/> (EXPLAIN) _____

JOB INTEREST (APPLICATION FORMS WILL BE REJECTED UNLESS THEY IDENTIFY SPECIFIC POSITION(S) FOR WHICH YOU ARE APPLYING.)

POSITION(S) DESIRED		DATE AVAILABLE	SALARY DESIRED
FIRST CHOICE	SECOND CHOICE		
WORK HOURS/SHIFT PREFERRED	FULL TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	PART TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO
		EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO
			WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATIONAL RECORD

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL & HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12	COLLEGE OR GRADUATE SCHOOL 1 2 3 4 5 6
NAME, CITY AND STATE OF SCHOOLS ATTENDED	MAJOR FIELD	DEGREE
		YR. GRAD
LAST HIGH SCHOOL		
LAST COLLEGE/UNIVERSITY OR NURSING SCHOOL		
GRADUATE, TECHNICAL OR VOCATIONAL SCHOOL		

LIST COURSES YOU ARE NOW ENROLLED IN

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, ANCESTRY, SEX OR DISABILITY).

SKILLS

TYPING SPEED	SHORTHAND SPEED	COMPUTER	DICTAPHONE	MEDICAL TERMINOLOGY
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This employer is subject to the provisions of Executive Order 11246, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 and Sections 503 and 504 of the Rehabilitation Act of 1973. If you would like to be considered under our Affirmative Action program, please complete the attached Self Identification Audit form. Providing information is voluntary and will be kept in confidence. Please contact the Regional Director of Human Resources or Facility Executive Director if you have any questions about the Company's Affirmative Action Program.

WORK EXPERIENCE

May we contact your present employer? Yes No

What other names have you worked under? _____

List your last or present employer first (including volunteer experience) and account for any lapse of time between employment. List at least three employers or employment history of five years, which ever is greater. (Use additional paper if necessary)

EMPLOYER		EMPLOYED FROM				
STREET ADDRESS		CITY	MO.	YR.	TO	MO. YR.
POSITION TITLE		WAGE OR SALARY				
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE				
BRIEFLY DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

EMPLOYER		EMPLOYED FROM				
STREET ADDRESS		CITY	MO.	YR.	TO	MO. YR.
POSITION TITLE		WAGE OR SALARY				
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE				
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STREET ADDRESS		CITY	MO.	YR.	TO	MO. YR.
POSITION TITLE		WAGE OR SALARY				
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STREET ADDRESS		CITY	MO.	YR.	TO	MO. YR.
POSITION TITLE		WAGE OR SALARY				
SUPERVISOR'S NAME AND TITLE		PERSON(S) WE MAY CONTACT FOR REFERENCE				
BRIEFLY DESCRIBE YOUR DUTIES						
REASON FOR LEAVING						

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

I understand that employment at AEGIS or any related entity is at will and that either AEGIS or I can terminate the employment relationship at any time, for any reason, with or without notice. I further understand that neither this application nor any other AEGIS communication constitutes an employment contract. I authorize AEGIS to contact any or all of my references and former employers listed herein and to inquire about my employment there. I release AEGIS and any employer or reference which is contacted from any liability arising out of such inquiry or the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, an unsatisfactory result of drug screening test, an unsatisfactory result of a criminal background check or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with or without accommodation may result in ineligibility for hire and/or discharge.

SIGNATURE	DATE
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**APPLICANT SELF IDENTIFICATION AUDIT
PERSONAL AND CONFIDENTIAL**

STATEMENT OF PURPOSE

Under the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974, the U.S. Government is empowered to require every employer to report the number of their applicants in the racial and ethnic groups listed below. While employers are permitted to determine the above group identification by visual survey, we believe that in order to avoid mistakes and misunderstanding, every applicant should have the opportunity to answer this question personally.

THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENT AGENCIES. YOUR PARTICIPATION IN THIS SURVEY IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT (NOT TO BE KEPT WITH EMPLOYMENT APPLICATION).

Check Appropriate Boxes

Male Female

Ethnicity: Use the following Classifications to self-identify your ethnic origin.

- 1. HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 2. AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 3. ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 4. BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.
- 5. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6. WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

NAME (PLEASE PRINT)		SIGNATURE
SOCIAL SECURITY NO.		DATE
For Office Use Only:	FACILITY NO.	STATUS/DISPOSITION CODE:



DRUG-FREE WORKPLACE POLICY

It is the policy of Aegis Therapies to provide a drug-free workplace.

The company will not tolerate the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance on company premises. These activities are absolutely prohibited and will result in disciplinary action up to and including termination.

All Aegis associates must, as a condition of employment, adhere to this policy. Any associate convicted under a criminal drug statute for violations occurring on or off company premises, or while conducting company business, must report the conviction to his/her department head or administrator within five (5) days after the conviction.

The company reserves the right to take appropriate and lawful actions to enforce this Drug-Free Workplace Policy, to include drug testing and inspection of any work areas, company property or suspected areas of concealment.

The company recognizes drug dependency as an illness and drug abuse as a potential health, safety and security problem. Associates needing help in dealing with such problems are encouraged to use our health insurance plan, as appropriate.

I have read the Drug-Free Workplace Policy and accept it as a condition of employment.

Signature

Print Name

Date