Dear Applicant,

Thank you for your interest in employment with our organization. The application you are about to complete is taken very seriously in our organization and must be filled out accurately, legibly and in its entirety. Please pay special attention to the following areas:

Education
Please populate all areas requested accurately; include *city and state* of school. Please provide **ONLY** the highest level of education completed.

Employment
Please indicate the *month and year* as well as *city and state* of employment for each employer you reference on your application. These items are both critical to include in order to begin the background check process timely.

Business References
Please complete all areas requested including *company name and city/state and telephone number*.

Application Statements
Please read this page and answer each question carefully. Complete all information requested accurately and honestly.

If you are offered a position, as part of our employment process, your information will be forwarded to an outside company contracted to complete background checks on all newly hired applicants before they begin employment.

The background check includes:
Criminal History Check, Healthcare Sanction Screening, and License/Certification Check

It may also require verification of the following:
Education and Employment

Should any questions arise, you will be required to provide valid documentation verifying the information you provided on your application.

The integrity of the information you provide on the employment application is vital to a successful relationship with our organization. Falsification of information or failure to produce requested documentation can result in either termination of employment or withdrawal of the offer of employment.

Thank you for your cooperation.

Applicant Name: _____

The US Oncology Network* EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

**In this Application and in various other documents, forms, guidelines, etc., "The Network," "the company," and similar terms refer to the employer of the applicable employee. The use of these general terms is for the ease and convenience of the reader and should be read to refer to, as applicable, (1) The US Oncology Network or (2) a separate, physician-owned Affiliated Medical Practice. Use of these terms and/or an Affiliated Medical Practice's use of this Application or other documents, forms, or guidelines should not be construed as signifying The US Oncology Network's ownership in or control of any Affiliated Medical Practice (or vice versa) or The US Oncology Network's employment or control of the Affiliated Medical Practice's employees(or vice versa). All employment decisions are solely the responsibility of the company or entity that employs the applicable employee*

PERSONAL DATA

(Print) First Name	Middle	Last Name	
Current Address (number and street)	City	State	Zip
List any other names used (alias, maiden, nickname, etc.)			
Home E-mail Address	Home Telephone ( )	Other Telephone ( )	

Are you eligible to work in the United States? ☐ Yes ☐No Will you now or in the future require sponsorship for employment visa status to work in the United States? ☐ Yes ☐No

Name of relative(s) employed by The US Oncology Network	Relationship	Occupation	Location

WORK PREFERENCES

Type of employment for which you are applying ☐ Full-time ☐ Part-time

Nature of position you seek ☐ Regular ☐ Temporary

Position(s) desired

What is your career objective?

Location preferences	Approximate salary expected $ /	Date available

REMARKS

How did you hear about this position? If employee referral, please provide the name of the person who referred you.	Do you know any of our employees? ☐ Yes ☐ No	If Yes, please provide their names.	Relationship?
Have you ever been employed by this company or any medical practice affiliated with The US Oncology Network? ☐ Yes ☐ No	Date	Position	Location

HIGHEST LEVEL OF EDUCATION

School Name of Highest Level of Completed (Degree/Diploma) Education	City and State	Field of Study	Check Applicable	Name under which you graduated
			☐HS Diploma ☐GED ☐Associate ☐Bachelor ☐Masters ☐Doctorate	

Foreign Languages

Language #1 _____

☐ Read ☐ Fluently ☐ Moderately well ☐ With difficulty
☐ Write ☐ Fluently ☐ Moderately well ☐ With difficulty
☐ Speak ☐ Fluently ☐ Moderately well ☐ With difficulty

Language #2 _____

☐ Read ☐ Fluently ☐ Moderately well ☐ With difficulty
☐ Write ☐ Fluently ☐ Moderately well ☐ With difficulty
☐ Speak ☐ Fluently ☐ Moderately well ☐ With difficulty

PROFESSIONAL LICENSE/CERTIFICATION

Type:	Professional License/Certification Number:	State of issuance:
Type:	Professional License/Certification Number:	State of issuance:

Applicant Name: ____

ADDITIONAL SKILLS

APPLICANT SHOULD NOTE ANY INFORMATION PERTINENT TO HIS OR HER QUALIFICATIONS NOT COVERED BY THIS APPLICATION. USE BACK PAGE AS NEEDED.
Special Abilities, Computer Skills, Machines Operated, Professional Activities & Achievements, Patents, Significant Projects, etc.

U.S. MILITARY SERVICE

Branch of U.S. Services	Date Entered		Date Discharged	
	Month	Year	Month	Year

Nature of duties and any special training and honors received

EMPLOYMENT

LIST THE THREE MOST RECENT EMPLOYERS IN THE PAST SEVEN YEARS. PLEASE COMPLETE THIS SECTION EVEN IF INFORMATION IS ON YOUR RESUME.

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
2. From: 2. To:		

Name of Supervisor: Telephone Number:

Name used if different from current name:

Reason for Leaving:

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
2. From: 2. To:		

Name of Supervisor: Telephone Number:

Name used if different from current name:

Reason for Leaving:

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position/Job Duties
2. From: 2. To:		

Name of Supervisor: Telephone Number:

Name used if different from current name:

Reason for Leaving:

Applicant Name: _____

BUSINESS REFERENCES		
Name and Relationship	Company Name and Location City and State	Telephone

DRIVING RECORD (TO BE COMPLETED IF IT IS A JOB REQUIREMENT)			
Type of driver's license held	License Number	Expiration Date	State of Issue
Have you ever had a driver's license revoked? ☐ Yes ☐ No	If Yes, please explain.		

THIS IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT ALTER ANY EMPLOYEE'S AT-WILL EMPLOYMENT STATUS, WHICH MEANS EITHER THE EMPLOYEE OR THE EMPLOYER MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANYTIME, FOR ANY REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

Applicant Name: _____

APPLICANT STATEMENTS (USE THE BACK PAGE IF MORE SPACE IS NEEDED)

1. In this or any other state, have you ever been, or are you currently subject to investigation or proceedings which may lead to being sanctioned for, disciplined for, debarred from, and/or excluded from (1) employment within a health care services organization and/or (2) any activity connected with any governmentally-funded healthcare services (e.g. Medicare, Medicaid, Champus, etc.) organization by a duly authorized regulatory agency for conduct-based or performance-based actions or any other reasons?

   ___ Yes ___No If "yes," please explain:

2. Are there now or have there ever been restrictions, limits, sanctions, revocation and/or any other disciplinary measures imposed upon your current or previous professional, vocational, and/or technical licensure(s), certification(s) and/or registration(s) in this or any other state?

   ___Yes ___No If "yes," please explain:

APPLICANT CERTIFICATION AND ATTESTATION OF UNDERSTANDING

"I certify that the facts contained in this employment application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

"I UNDERSTAND AND AGREE THAT, IF EMPLOYED, MY EMPLOYMENT IS AT WILL. THAT IS, IT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE AND WITHOUT ANY PRIOR NOTICE."

"If employed, I agree to notify The US Oncology Network in writing within five (5) days of receiving any written or oral notice of any adverse action, including, without limitation, any filed and served malpractice suit or arbitration action; any adverse action by a State Licensing Board taken or pending; any adverse action which has resulted in the filing of a report with the State Licensing Board or a report to the National Practitioner Data Bank; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage. I acknowledge that failure to comply with the above measures, in the event I become employed, can result in disciplinary action or in the termination of my employment."

_____ _____

Signature of Applicant Date

The US Oncology Network is an Equal Opportunity Employer.

Employment decisions are made without regard to race, religion, color, national origin, sex, age, ancestry, visible or non-visible handicap/disability, Veteran's status, or other characteristics protected under federal, state, or local law.

Applicant Name: _____

ADDITIONAL PAGE