

USON* EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

**In this Application and in various other documents, forms, guidelines, etc., "USON," "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) US Oncology 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 US Oncology's ownership in or control of any Affiliated Medical Practice (or vice versa) or US Oncology'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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of relative(s) employed by USON		Relationship	Occupation	Location
WORK PREFERENCES				
Type of employment for which you are applying <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Nature of position you seek <input type="checkbox"/> Regular <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide their names.	
			Relationship?	
Have you ever been employed by this company or any medical practice affiliated with US Oncology? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Position	Location
EDUCATION				
School Name	City and State	Did you graduate?	Degrees and Honors Include Field of Study	Name under which you graduated
High School		YES NO	Diploma GED	
College or University + Campus Name, if known		YES NO		
Post Graduate Education + Campus Name, if known		YES NO		
Other		YES NO		
Foreign Languages	Language #1 _____		Language #2 _____	
	<input type="checkbox"/> Read	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Read	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty
	<input type="checkbox"/> Write	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Write	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty
	<input type="checkbox"/> Speak	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty	<input type="checkbox"/> Speak	<input type="checkbox"/> Fluently <input type="checkbox"/> Moderately well <input type="checkbox"/> With difficulty
PROFESSIONAL LICENSE/CERTIFICATION				
Type:	Professional License/Certification Number:		State of issuance:	
Type:	Professional License/Certification Number:		State of issuance:	

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: _____

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 TWO MOST RECENT EMPLOYERS IN THE PAST FIVE YEARS

Date Month and Year	Company Name, Street Address, City, and State List Temp/Staffing Agency if that is actual employer	Position	Ending Salary/Wage
1. From:			\$ _____
1. To:			per _____

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	Ending Salary/Wage
2. From:			\$ _____
2. To:			per _____

Name of Supervisor: _____ Telephone Number: _____

Name used if different from current name: _____

Reason for Leaving: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please explain.	

Applicant Name: _____

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

1. Have you ever been convicted of, or pled guilty or nolo contendere to, or participated in pre-trial intervention or the equivalent (e.g., in some states, Deferred Adjudication) for any criminal violation of law (**felony or misdemeanor**), other than minor traffic violations? **Yes No If "yes," please explain (also see the following page):**

2. 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:**

3. 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:**

For Distribution Center Applicants Only:

The Distribution Center is subject to Drug Enforcement Administration regulations that require USON to ask these additional questions. Information furnished or recovered as a result of this inquiry will be treated as confidential and will not necessarily preclude employment, but will be considered as part of an overall evaluation of your qualifications. Any false information or omission of information, however, will jeopardize your position with respect to employment.

4. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? **Yes No If "yes," please explain:**

5. Are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) **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 USON 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

USON is an Equal Opportunity Employer.

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

Applicant Name: _____

ADDITIONAL PAGE

Continuation of Question #1 from the previous page:
Offense:
State:
County:
When?
Additional Comments:
Offense:
State:
County:
When?
Additional Comments:

Additional Remarks for Other Questions: