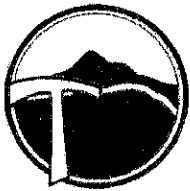


HR F2013



Mount St Francis Ministries
7665 Assisi Heights
Colorado Springs, CO 80919

Sisters of St Francis of Colorado Springs, Inc.
 St Francis Nursing Center, Inc., (d.b.a. Mount St Francis Nursing Center)
 Franciscan Community Counseling, Inc.
 Franciscan Retreat Center, Inc.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation?
 Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) Yes No

If yes, give details _____
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business
 or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) _____

For Nursing Jobs Only: RN/LPN License # _____ State _____

CNA State Cert. # _____ State _____

EDUCATION

| LIST NAME AND ADDRESS OF SCHOOLS | Number of Years Completed | Diploma/Degree/Certificate | Subjects Studied |
|----------------------------------|---------------------------|----------------------------|------------------|
| High School or GED: _____ | | | |
| College or University: _____ | | | |
| Vocational or Technical: _____ | | | |

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

| | | |
|-----------------------|-----------|--------------------------------------|
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | | PAY: START \$ FINAL \$ |
| SUPERVISOR(S) | TELEPHONE | Reason For Leaving |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | | PAY: START \$ FINAL \$ |
| SUPERVISOR(S) | TELEPHONE | Reason For Leaving |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | | PAY: START \$ FINAL \$ |
| SUPERVISOR(S) | TELEPHONE | Reason For Leaving |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES |
| ADDRESS | | DATES OF EMPLOYMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE | | PAY: START \$ FINAL \$ |
| SUPERVISOR(S) | TELEPHONE | Reason For Leaving |

REFERENCES

Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers.

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you seen or reviewed a job description? Yes ___ No ___
 Do you understand the job requirements? Yes ___ No ___
 Can you perform the job requirements with or without reasonable accommodation? Yes ___ No ___

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

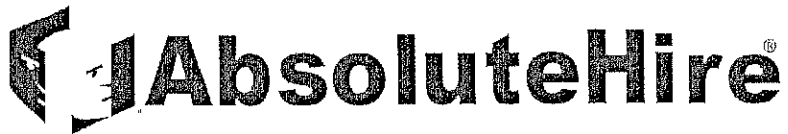
I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.



Question – Our employment application has a statement and authorization regarding an employment related background investigation. Do we still need a separate release form?

Answer – Although “permission” may be obtained via the employment application, the Fair Credit Reporting Act, (FCRA), disclosure must be made in a stand-alone document which may also obtain the applicants consent. AbsoluteHire provides its clients a combined consent, notice and disclosure to simply the process, avoid confusion and prevent the omission of either required document.

The following is a summary of disclosure and authorization requirements as set forth in the FCRA.

Employers are required to obtain a signed release from the applicant AND make disclosure PRIOR to the conducting of ANY type of background investigation.

Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq.

§ 604. Permissible purposes of consumer reports [15 U.S.C. § 1681b]

(2) Disclosure to consumer.

(A) In general. Except as provided in subparagraph (B), a person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless--

(i) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and

(ii) the consumer has authorized in writing (which authorization may be made on the document referred to in clause (i)) the procurement of the report by that person.

Question – If we do not obtain a Credit Report on an applicant, are we still obligated to comply with the Fair Credit Reporting Act?

Answer – Yes! All types of background investigations (including criminal history, references, motor vehicle records, etc.) are considered consumer reports and therefore are subject to the regulations of the Fair Credit Reporting Act.

§ 603. Definitions; rules of construction [15 U.S.C. § 1681a]

(d) Consumer report.

(1) In general. The term "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for

(A) credit or insurance to be used primarily for personal, family, or household purposes;

(B) employment purposes; or

(C) any other purpose authorized under section 604 [§ 1681b].

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

| | | | |
|-----------|------------|-------------|-----------------------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | (PLEASE INCLUDE Jr., Sr., II, III Etc.) |
|-----------|------------|-------------|-----------------------------------------|

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Sisters of St. Francis** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Sisters of St. Francis**. **Sisters of St. Francis** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Sisters of St. Francis**, and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Sisters of St. Francis** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Sisters of St. Francis**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined here.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

| | |
|---------------------------------------------|----------------------|
| Signed | Today's Date |
| Name as it appears on your driver's license | Position Applied For |
| Social Security Number | Date of Birth |
| Driver's License Number | State |

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

| | | | | | | |
|------------------|--------|-------|------|-------|----------|------------|
| Current Address: | Street | Apt.# | City | State | Zip Code | From / To? |
| Former Address: | Street | Apt.# | City | State | Zip Code | From / To? |
| Former Address: | Street | Apt.# | City | State | Zip Code | From / To? |
| Former Address: | Street | Apt.# | City | State | Zip Code | From / To? |