Application for Employment

WATTS HEALTHCARE CORPORATION IS AN AFFIRMATIVE ACTION EMPLOYER AND PROVIDES EQUAL OPPORTUNITY EMPLOYMENT WITHOUT REGARD TO UNLAWFUL CONSIDERATIONS REGARDING AN APPLICANT'S RACE, SEX NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, MARITAL STATUS, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CATEGORY.
PLEASE COMPLETE ALL INFORMATION.

PERSONAL INFORMATION

Last Name	First Name	MI	Social Security #	Date

Street Address:	Telephone Number:	Message Phone Number

City	State	Zip	Previous Address (if at current address less than 7 years)

What hours, day and overtime are you willing to work?	Email Address:

EMPLOYMENT DESIRED

Position applied for:	Date Available:

Desired work schedule:	Shift:	Available Weekends:
☐ Full-time ☐ Part-time ☐ Supplemental	☐ Days ☐ PM ☐ Nights	☐ Yes ☐ No

How did you learn of this position?

GENERAL INFORMATION

Have you ever been discharged from any job position? ☐ Yes ☐ No If yes, explain:

If not a U.S. Citizen, complete this section:	
Do you have a legal right to work in the U.S. ☐ No ☐ Yes	Type of Visa:

List any relatives employed at this company:

Name: Relationship: Department:

United States Military Service:

Are you a veteran ☐ No ☐ Yes Branch

Have you been previously employed by Watts Healthcare Corporation or its affiliates? ☐ No ☐ Yes

If yes, when and in what capacity? Hire date Termination Date:

Position_____ Location_____ Supervisor_____

Reason for leaving:

EMPLOYMENT HISTORY

List all periods of employment, military service, and volunteer service (optional) for the past ten years, most recent first. Include periods of unemployment. Attach additional pages if needed.

Company name:	Telephone number:
Address:	Empolyed (Month/Year) From To :
Supervisor's name:	
May we contact this employer for reference? ☐ Yes ☐ No	
Job title:	Reason for leaving:
Job Duties:	

Company name:	Telephone number:
Address:	Empolyed (Month/Year) From To:
Supervisor's name:	
May we contact this employer for reference? ☐ Yes ☐ No	
Job title:	Reason for leaving:
Job Duties:	

Company name:	Telephone number:
Address:	Empolyed (Month/Year) From To:
Supervisor's name:	
May we contact this employer for reference? ☐ Yes ☐ No	
Job title:	Reason for leaving:
Job Duties:	

Company name:	Telephone number:
Address:	Empolyed (Month/Year) From To :
Supervisor's name:	
May we contact this employer for reference? ☐ Yes ☐ No	
Job title:	Reason for leaving:
Job Duties:	

EDUCATION & SKILLS

Required: *List all diplomas, certificates, and degrees (i.e., high school diploma, college degree, nursing certificate), month/year attended to include from and to.*

High School/ College/Trade School Name	City/State	Dates Attended Month/Year From/To	Major	High School Diploma/ Degree (Yes/No)

List any other names used as a student:

PROFESSIONAL, LICENSE, REGISTRATION OR ACCREDITATION

TYPE/LICENSE NUMBER	TYPE/REGISTRATION	ISSUE/EXPIRATION DATE	CITY/STATE

Specialties in which you are qualified or have special training/experience:

List any job-related professional or technical organizations to which you belong (you may omit any that might indicate your race, national origin, disability or your other legally protected categories):

Computer programs you are able to use and other job-related skills:

Typing speed Words per minute:	Shorthand Speed Words per minute:	Other Office Machines:

JOB REFERENCES

List former supervisors or others who can attest to your experience and job-related performance.

Name	Address & Telephone No.	Relationship	Years

EMERGENCY CONTACT INFORMATION

Primary Contact #1- Last Name First Name MI	Relationship to Employee	Home Telephone Number
Street Address	Work Phone Number	Cellular Phone Number
City State Zip	Message Phone	Alternate Phone Number
Primary Contact #2-Last Name First Name MI	Relationship to Employee	Home Telephone Number
Street Address	Work Phone Number	Cellular Phone Number
City State Zip	Message Phone	Alternate Phone Number

SPECIAL COMMENTS

You may, at your option, provide additional information in the space below regarding your qualifications for the job for which you are applying.

Please initial each item (1-4):

1. _____ I understand that if I am offered employment, I will, as a condition of employment, be required to submit proof of my identify and legal right to work in the United States.

2. _____ The facts set forth in my application for employment are true and complete. I understand that, if I am employed, any false statement, misrepresentation or omission of facts on this application, on any supporting documents, or provided orally, regardless of when discovered to be false, will result in my immediate dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate Watts HealthCare Corporation in any way if Watts HealthCare Corporation decides to employ me.

3. ___ Watts HealthCare Corporation is an "at-will" employer. This means that associates are free to leave Watts HealthCare Corporation's employ at any time they wish, with or without notice, for any reason they deem appropriate. Watts HealthCare Corporation may also terminate employment with or without cause, at any time, with or without notice. Watts HealthCare Corporation may also alter any position or impose any form of discipline it determines is appropriate, at any time. If I am hired by Watts HealthCare Corporation, this at-will policy shall become a term of my employment. The only exception to at-will status can be by a specific written agreement signed by the Chief Executive Office.

4. ____ I authorize the investigation of all statements contained in this application and any supporting documents. Watts HealthCare Corporation is hereby authorized to secure information about my experience and qualifications from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and qualifications for the job for which I am applying, whether or not it is in their records, and I hereby release all parties from any liability arising from such investigations.

Acknowledgment and Certification

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that false or incomplete statements shall be sufficient for disqualification or dismissal.

_____ _____

Applicant's Signature Date

In order that we may verify education records and previous employment, please indicate any other name(s) under which you have gone to work or school:

_____

Other name(s)

WATTS HEALTHCARE CORPORATION

HUMAN RESOURCES DEPARTMENT

WATTS HEALTHCARE CORPORATION has an affirmative action policy to ensure equal employment opportunity and to comply with government regulations.

THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED FOR STATISTICAL PURPOSES.

Position Applying For

Today's Date

ETHNIC GROUP (Please check the one box which best identifies you: *(Optional)*

- ◯ American Indian or Alaskan Native
- ◯ Asian (Chinese, Japanese, Korean, Indian, etc.)
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ Black or African American
- ◯ Caucasian
- ◯ Hispanic (Mexican, Cuban, Colombian, Chilean, Nicaraguan, etc.)
- ◯ Two or More Races
- ◯ Other

Do you have a disability that would require an accommodation in order to perform the responsibilities of the position for which you are applying? (*Optional)*

☐ Yes ☐ No

WATTS HEALTHCARE CORPORATION

ADDENDUM TO EMPLOYMENT APPLICATION

Please complete application information:

COMPUTER SOFTWARE APPLICATIONS:

- ☐ Microsoft Word (version:____)
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ Microsoft Power Point
- ☐ WordPerfect (version:____)

FOREIGN LANGUAGES:

Reading: _____

Writing: _____

Speaking: _____

VOLUNTEER WORK *(Optional):*

_____

_____

ADDITIONAL CERTIFICATES:

_____

_____

OTHER:

_____

_____

Thank You

CONSENT AND RELEASE

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST.

NOTICE AND CONCENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES.

This form, which you should read carefully, has been provided to you because **WHCC** ("Watts Healthcare Corporation") will request consumer reports or investigate consumer reports in connection with your application for employment or during the course of your employment with **WHCC**, if any. These background checks, and/or investigations, will be performed by **WHCC**, in whole or in part, at **WHCC** discretion.

WHCC's applicant background checks and employee investigations will also include the use of consumer reporting agencies to gather and report information to **WHCC** in the form of consumer or investigative consumer reports, as regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. **WHCC** is not a consumer reporting agency.

The type of reports that my be requested from consumer reporting agencies under this policy include, but are not limited to; credit reports, criminal records (for the maximum period permitted by applicable state and federal law), court records, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency, from public records, or through personal interviews with co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If **WHCC** requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive a notice if **WHCC** or a person or entity other than a consumer-reporting agency performs the investigation.

Your consent is required by law before **WHCC** may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, at **WHCC**'s discretion. Your signature below indicates that you have read and understand that **WHCC** may request and review a consumer report or investigative consumer report regarding your background, and that you consent to the release of reports to **WHCC** for employment purposes. This information may also be considered for any future decisions concerning your employment, promotion, reassignment or retention as an employee of **WHCC**. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing, as described below.

*Refusal to consent to a consumer report or an investigative consumer report as required by this notice, or any other attempt to interfere or failure to cooperate with **WHCC**'s lawful investigation, may result in rejection of your application, withdrawal of an offer of employment, or corrective discipline; up to and including termination of employment.*

CONSENT STATEMENT:

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to **WHCC** in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with **WHCC**, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me.

In the event that I wish to refuse or revoke my consent, I understand that I may do so by: 1. Signing the "Refusal or Revocation of Consent Statement" below, or 2) Sending a signed statement, indicating that I revoke my consent for **WHCC** to obtain a consumer report or investigative consumer report, and submitting to:

Watts HealthCare Corporation
Human Resources
10300 Compton Avenue
Los Angeles, CA 90002

I certify that the information that I have provided to **WHCC**, on this consent and release form, is correct to the best of my knowledge and I understand that any falsifications, misrepresentations, and/or omissions may result in my disqualification for consideration of employment or, is subsequently employed, my dismissal.

_____

Name of Applicant/Employee

_____

Applicant/Employee Signature Today's Date

REFUSAL OR REVOCATION OF CONSENT STATEMENT:
*(DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT, TO **WHCC** OBTAINING A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT)*

I do not consent to **WHCC** obtaining consumer reports about me in connection with my application for employment or for any other employment purposes. If I have previously granted by consent, I hereby revoke that consent and understand that such revocation will take effect immediately after **WHCC** receives this written revocation and has actual knowledge to communicate the revocation to those employees or agents who request consumer reports for **WHCC**.

_____

Name of Applicant/Employee

_____

Applicant/Employee Signature Today's Date

Watts HealthCare Corporation

Disclosure To Employment Applicant
Regarding Procurement Of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you from HireRight as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Name of Applicant: _____

Other Names Used: _____

Applicant's Address: _____

City / State / Zip: _____

Telephone Number: _____

Previous Address: _____
Street/City/State/Zip

Social Security Number: _____

Drivers License Number and State: _____

Name as appears on Drivers License: _____

Date Of Birth: _____

Note: Date of Birth information is used **ONLY** by HireRight for verification of identity and is not used for any purpose by the Employer.

Applicant's Signature: _____ Date _____