



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 as well as campus attended.

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.

Consumer Report Disclosure and Release Form

Please read this page and complete all information requested. Ensure your Social Security Number and Date of Birth are legible.

If you are offered a position, as part of our employment process, your application will be forwarded to an outside company contracted to complete background checks on all new employees.

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:** \_\_\_\_\_

**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		

<b>Foreign Languages</b>	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:

Applicant Name: \_\_\_\_\_

**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.**

**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
2. From:			\$ _____
2. 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
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Have you ever had a driver's license revoked?  
 Yes  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:**