Please print out this application packet and complete by hand. Do not complete on a computer

When finished your can return the pages to us by fax or email. We need to verify that you are able to receive paperwork and return completed paperwork to us. *It is not acceptable to take pictures of pages with your phone.*

Fax – 316-768-4500

Email – Eric@ExamOneWichita.com

A Quest Diagnostics Company

Contractor Information

(Please Print)

Office #: Date:

Examiner Last Name: First: MI:

Examiner AKA/Maiden Last Name: First: MI:

Company Name or DBA (if operating as a company):

Address: City: St/Prov: Zip/Postal Code:

Telephone: (Primary) (Secondary) (Fax)

Email:

Gender (optional: data collection only): ☐ Male ☐ Female

Ethnicity (optional: data collection only)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Hispanic ☐ White ☐ Other ☐ I decline to provide my self identification details.

How long at this address: yrs. mo. US Social Security Number/EIN? Yes ☐ No ☐

Do you have motor vehicle transportation? Yes ☐ No ☐

Licensed to operate a motor vehicle? Yes ☐ No ☐

Briefly describe your work history in the phlebotomy/insurance exam field:

Indicate any professional certifications or licensure you possess:

☐ MD/DO Board Certified? ☐ Yes ☐ No Specialty:

☐ RN ☐ LPN ☐ LVN ☐ PA ☐ MA

☐ Med Tech ☐ EMT-P ☐ EMT-I ☐ Phlebotomist

☐ Other:

Professional License Number: State: Expiration:

Provide the level of training or experience you have in the following skills which are pertinent to providing services to ExamOne:

Skill	**Formal Training**	**On-Job Training (OJT)**	**Practical Experience**	**# Years Experience**
Venipuncture / Phlebotomy	☐	☐	☐	
Vital sign collection	☐	☐	☐	
Medical history collection	☐	☐	☐	
12-lead EKG administration	☐	☐	☐	
Finger stick testing	☐	☐	☐	
Pulmonary function test measurement	☐	☐	☐	
Mobility assessment	☐	☐	☐	
Long Term Care assessments	☐	☐	☐	
Securing applications and checks	☐	☐	☐	
BAT Training	☐	☐	☐	
Wellness Training	☐	☐	☐	

Indicate the equipment you currently possess:

☐ Blood Pressure Cuff ☐ Stethoscope ☐ Scale ☐ Centrifuge
☐ EKG Machine ☐ Other (please specify): _ ___________________

Foreign languages:

Speak fluently: Read: Write:

What radius are you willing to travel from your base of operations to complete services: miles

Although contractors are responsible to establish their own work schedules, examination schedules are often dictated by the schedule needs of the client. ExamOne may be able to refer a greater number of services if a contractor can provide specific windows of availability. If you wish to do so, please indicate by checking below which day parts you are generally available to complete services.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	-	-	-	-	-	-	-
Afternoon	-	-	-	-	-	-	-
Evening	-	-	-	-	-	-	-

Notes regarding schedule availability:

First date available to begin providing services for ExamOne?

Are you currently performing insurance examination services: Yes ☐ No ☐

If not, have you previously performed insurance examination services? Yes ☐ No ☐

If related to anyone at ExamOne please indicate name and location:

If related to any insurance company personnel please indicate name and company:

If there are no assignments currently available, do you wish to be contacted when assignments are available in the future?
Yes ☐ No ☐

As an independent contractor, your relationship with ExamOne would be that of an independent business operator providing services to ExamOne as a vendor. Please check all that currently apply to your situation:

- ☐ I operate under a business name. Name of business:
- ☐ I have a separate Tax ID number for my business. Tax ID:
- ☐ I provide my services to multiple companies
- ☐ I have business cards or other marketing materials advertising my services
- ☐ I am actively engaged in the marketing of my services within the insurance industry

Please provide any additional information or comments:

- - - - - - - - - - - FOR OFFICE USE ONLY- - - - - - - - - -

Date Reviewed: Reviewed by:

Notes:

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, education history, along with reasons for termination of past employment/education/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that First Advantage, on behalf of **ExamOne, Inc.** may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with **ExamOne's** consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with **ExamOne**, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by First Advantage to furnish the information described in Section I.

VI. Communications with First Advantage should be directed to PO Box 105292, Atlanta, GA 30348 or (888) 845-6004.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. This form is confidential and will not be used for any other purposes.

Signature ______________________ Today's Date ______________________

Legal First, Middle and Last Name ______________________ AKA Name, Maiden Name or Previous Name ______________________

Month, Day and Year of Birth ______________________ Social Security Number ______________________

Home Address ______________________ City ______________________ State ______ Zip Code ______

Previous Address History, if Home Address is less than 7 years ______________________

Driver's License Number and State ______________________ Name as it appears on License ______________________

Have you ever been convicted of a crime? __ No __ Yes If yes, please provide city and state of conviction and details of conviction.

____

____

FAIR CREDIT REPORTING ACT NOTICE:
In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state . Status of updates are available on request. Although every effort has been made to assure accuracy, First Advantage cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. First Advantage's policy requires purchasers of these reports to have signed a Service Agreement. This assures First Advantage that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact First Advantage.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by____________________by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

□ I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by First Advantage during normal business hours.You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at First Advantage in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.