

Heritage Medical Associates is committed to equal employment opportunities in all areas of the employer/employee relationship, including initial hiring practices. HMA complies, as required by the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1996, the Age Discrimination in Employment Act of 1967, and all other applicable state and federal employment laws. No applicants or employees will be subject to discrimination in hiring or in the terms and conditions of employment based upon race, color, national origin, sex, age, religion, disability status, military status, or other classification protected by law. Heritage is an 'at will' employer and a Drug-Free Workplace. Applicants with disabilities may be entitled to reasonable accommodations under the terms of the federal Americans with Disabilities Act of 1996 and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on HMA. Please inform the company's human resources representative if you need assistance completing any forms or to otherwise participate in the application process.

Personal Information				
Name:	Last	First	Middle	Date
Address:	City	State	Zip	
Phone	Cell Phone	Email		
Have you interviewed with HMA before?		Have you been employed by HMA?		
If so, when:		Dates of employment:		

Emergency Contact		
Name	Address	Phone

Career Opportunity of Interest		
Position(s) / Title(s)	Preferred Employment Status Full Time Part Time PRN Temporary	
	For Part Time or Temporary Position, please indicate the days and hours preferred below: Monday Tuesday Wednesday Thursday Friday Saturday	
Anticipated Start Date:	Hours: From _____ To _____	Other Considerations:

Professional Licenses and Certificates					
Type of License	License Number	Issuing State	Issued Date	Expiration Date	Renewal Number
Has your license ever been revoked or suspended?		Yes	No		
If yes, please explain:					

Please do not enter "See Resume". This document must be complete.

Education				
Years Attended	School / Institution with Address, City, State Zip	Major / Minor	Degree	Year Completed
High/Home School 9 10 11 12 GED				
College/University 1 2 3 4				
Graduate/Trade School 1 2				

Professional References	
Name / Title:	Company, Address, Email, Phone and Fax Number
Name / Title:	Company, Address, Email, Phone and Fax Number
Name / Title:	Company, Address, Email, Phone and Fax Number

Employment History		
Current or Former Employer	Position/Title	Salary (Annually or Hourly)
Address	City	State and Zip
Phone	Supervisor's Name	Dates Employed (List by Month / Year) From To
Describe daily duties and responsibilities:		
Reason for Leaving:		
May we contact your current/former employer: Yes No	Name you worked under (if different):	

Current or Former Employer	Position/Title	Salary (Annually or Hourly)
Address	City	State and Zip
Phone	Supervisor's Name	Dates Employed (List by Month / Year) From To
Describe daily duties and responsibilities:		
Reason for Leaving:		
May we contact your current/former employer: Yes No	Name you worked under (if different):	

Employment History (Continued)		
Current or Former Employer	Position/Title	Salary (Annually or Hourly)
Address	City	State and Zip
Phone	Supervisor's Name	Dates Employed (List by Month / Year) From To
Describe daily duties and responsibilities:		
Reason for Leaving:		
May we contact your current/former employer: Yes No	Name you worked under (if different):	

Current or Former Employer	Position/Title	Salary (Annually or Hourly)
Address	City	State and Zip
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Describe daily duties and responsibilities:		
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May we contact your current/former employer: Yes No	Name you worked under (if different):	

Current or Former Employer	Position/Title	Salary (Annually or Hourly)
Address	City	State and Zip
Phone	Supervisor's Name	Dates Employed (List by Month / Year) From To
Describe daily duties and responsibilities:		
Reason for Leaving:		
May we contact your current/former employer: Yes No	Name you worked under (if different):	

Additional Information			
How did you learn about the career opportunity for which you are applying?		Are you at least 18 years old? Yes No	
Are you a relative of a current HMA employee? Yes No		If yes, please list employee's name(s):	
Have you ever been discharged or asked to resign from a position? Yes No		If yes, please explain:	
Have you ever been convicted of a crime, other than a minor traffic violation? Yes No		If yes, please explain:	
Have you ever been penalized or excluded from working in State or Federally funded healthcare programs? Yes No		If yes, please explain:	
If you are not a citizen of the United States, what type of Visa do you have? <div style="display: flex; justify-content: space-between;"> Student Permanent Entry USA Other Visa Number </div>			
United States Military Service:			
From	Reserve Status	Branch	Discharge Status
To			
List schooling and special training received in service with approximate time:			

Administrative Skills					
Typing / WPM _____	CPT Computer Operator	Dictaphone	Supervisory	Medical Terminology	Other _____
Shorthand / WPM _____	Bookkeeping/Accounting	PBX	Data Entry	Word Processing	Ten Key SPM

Additional Skills and Experience	
Fields / Disciplines	Years of Experience
Nursing:	
Radiology:	
Medical Terminology:	
Medical Transcription:	
Surgical Technology:	
Medical Coding:	
Accounting:	
Data Processing:	
Management Systems and Programming:	
Computer Operator:	
Office / Clerical:	
Electronic Medical Records (Mysis, Allscripts) or any other skill you feel is useful:	

AUTHORIZATION, RELEASE AND ACKNOWLEDGMENT

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment, and all information given by me is true in all respects.

Initials _____

I understand that, following a preliminary decision to hire, I will be asked to submit to a drug screen and that any offer of employment will be conditioned upon receiving a negative result for illegal drugs from this test.

Initials _____

I authorize HMA and its representatives to contact and consult with any person or institution with which I have been or am currently associated, including past and present employers, who may have any information bearing upon my professional competence, educational background, character, and/or ethical qualifications. I release Heritage Medical Associates and its representatives from any liability or damages on account of having obtained any such information while acting in good faith and without malice.

Initials _____

I authorize any person, entity or institution with which I am currently, or have been formerly associated, including all past and current employers, to release to Heritage Medical Associates or its representatives, all information related to me pertaining to any such previous or current association or employment, including any information bearing upon my professional competence, educational background, character, and/or ethical qualifications. I release all individuals and organizations that provide any such information in good faith and without malice from any liability or damages on account of having furnished such information.

Initials _____

I understand employment with HMA is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initials _____

I understand that the accuracy and completeness of the information provided in my application, any supplemental forms, or pre-employment interviews, is relied upon by Heritage Medical Associates in making any employment decision. I certify under penalty of perjury that all information which I have submitted, or which I am asked to later submit, is and will be true, accurate and complete to the best of my knowledge. I understand that any falsification, misrepresentation, misstatement, omission, or other attempt to mislead is cause for denial of employment or termination of employment regardless of the time lapse before discovery.

Initials _____

I further agree to notify Heritage Medical Associates of any changes in any employment, training or licensure status, any censure, sanction or disciplinary action by any professional body, or any other information relating to my ability to perform as an employee.

Initials _____

MY INITIALS AND SIGNATURE ARE EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature: _____

Date: _____

*Please review and sign the attached Drug Free Workplace/Background Check Acknowledgment and Consent Form

To: All Employees
From: Jim Browne, CEO
Re: Drug Free Workplace Policy

July 30, 2012

The illegal acquisition or use of drugs and the abuse of alcohol or prescription drugs are problems that invade the workplace, endangering the health and safety of the abusers, patients and fellow employees. Heritage Medical Associates is committed to creating and maintaining a safe workplace, while being respectful of our employees.

Heritage Medical Associates has developed a Drug Free Workplace Policy that we believe best serves the interests of all affected parties by formally and clearly stating that the illegal acquisition or use of drugs or the abuse of alcohol or prescription drugs will not be tolerated.

In order to enhance the oversight of this policy we are implementing several initiatives. First, we are coordinating with government officials and local pharmacies to promptly identify inappropriately acquired drugs.

Second, as a means of upholding our policy, we are implementing pre-employment and active employee substance abuse testing. This policy is designed with two basic objectives in mind: (1) employees deserve a work environment that is free from the negative effects of drugs and alcohol and the problems associated with their abuse, and (2) Heritage Medical Associates has a responsibility to maintain a healthy and safe workplace.

As one part of this initiative, we will provide employee assistance* by maintaining a resource file, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource, which can be accessed on Heritage Medical Associates' intranet site, "The Pulse."

An employee whose conduct violates Heritage Medical Associates' Substance Use and Abuse Policy will be subject to appropriate discipline up to and including termination.

I believe it is important that we all work together to make Heritage Medical Associates a drug-free workplace as part of our continual efforts to provide a safer and more rewarding place to work and a safer environment for our patients.

Substance Abuse Policy

Heritage Medical Associates, P.C, is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any Heritage Medical Associates employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, Heritage Medical Associates has established the following policy, pursuant to T.C.A. Section 50---9---100 et. seq.:

- (1) Heritage has a “**ZERO Tolerance**” policy when it comes to the use, possession, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
- (2) It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood or urine, illegal drugs in any detectable amount.
- (3) It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.
- (4) It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. However, nothing in this policy precludes the appropriate use of legally prescribed medications.
- (5) Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of the company’s supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor’s job to diagnose personal problems, the supervisor should encourage such employees to seek help and send them to human resources for additional resource information.

Everyone shares responsibility for maintaining a safe work environment, and co---workers should encourage anyone who has a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug---free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear, strong message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Heritage Medical Associates (**Zero Tolerance**).

Heritage Medical Associates offers an Employee Assistance (EAP) benefit for employees and their dependents with “Employee Connect” through Lincoln Financial Group. The EAP provides confidential assessment, referral and short---term counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee’s medical insurance; but the cost of such outside services is solely the employee’s responsibility.

Confidentiality is assured. NO information regarding the nature of the personal problem will be made available to supervisors, nor will it be included in the permanent personnel file.

Participation in the EAP will not affect an employee’s career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The EAP is a process used in conjunction with discipline, not a substitute for discipline.

The EAP can be accessed by an employee through self---referral or through referral by a supervisor. We will distribute information about the EAP to employees for their confidential use.

General Procedures

Any employee reporting to work visibly impaired will be deemed unable to perform required duties and will not be allowed to work. If possible the employee’s supervisor will first seek another supervisor’s opinion to confirm the employee’s status. Next, the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative – depending on the determination of the observed impairment – and accompanied by the supervisor or another employee if necessary. A drug or alcohol test may be in order. An impaired employee will not be allowed to drive.

Opportunity to Contest or Explain Test Results

Employees and job applicants who have a positive confirmed drug or alcohol test result may explain or contest the result to the medical review officer within five (5) working days after receiving written notification of the tests result from the medical review officer; if an employee's or job applicant's explanation or challenge is unsatisfactory to the medical review office, the medical review officer shall report a positive test result back to HMA; a person may contest the drug test result pursuant to rules adopted by the Tennessee Department of Labor.

Confidentiality

The confidentiality of any information received by the employer through a substance abuse testing program should be maintained, except as otherwise provided by law.

Job Applicant Drug Testing

All job applicants at HMA will undergo testing for substance abuse as a condition of employment. Any applicant with a confirmed positive test result will be denied employment. Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by HMA, and by signing consent agreement will release HMA from liability. If the physician, official or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment. Heritage Medical Associates will not discriminate against applicants for employment because of a past history of drug or alcohol abuse. It is the current illegal use of drugs and/or abuse of alcohol, preventing employees from performing their jobs properly and possibly jeopardizing patient or co-worker safety that HMA will not tolerate.

Employee Drug Testing

Heritage Medical Associates has adopted testing practices to identify employees who illegally use drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

1. When there is a reasonable suspicion to believe that an employee is illegally using drugs or abusing alcohol. 'Reasonable suspicion' is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:
 - a. Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
 - b. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 - c. A report of substance abuse provided by a reliable and credible source
 - d. Evidence that an individual has tampered with any substance abuse test during his or her employment with Heritage Medical Associates;
 - e. Information that an employee has caused or contributed to an accident while at work;
 - f. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
2. When employees have caused or contributed to an on-the-job injury that resulted in a loss of work-time, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. An employer may send employees for a substance abuse test if they are involved in on-the-job accidents where personal injury or damage to company property occurs.
3. As part of a follow-up program to treatment for drug abuse.
4. Routine fitness-for-duty or alcohol testing. A covered employer must require an employee to submit to a drug or alcohol test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination where the examinations are required by; law, regulation, are part of the covered employer's established policy, or one that is scheduled routinely for all members of an employment classification group.
5. Heritage will conduct random drug screening on an ongoing basis in an effort to insure that our patients and staff are safe.

Refusal to Submit

Failure to submit to a required substance abuse test is misconduct and shall result in termination.

Important Information for Job Applicants and Employees

When an employee or job applicant submits to a drug and/or alcohol test, they will be given a form by the specimen collector that contains a list of common medications and substances which may alter or affect the outcome of a drug or alcohol test. This form will also have a space for the donor to provide any information that he/she considers relevant to the test, including the identification of currently or recently used prescription or non-prescription medication or other relevant information. The information form should be kept by the job applicant or employee for their personal use. If the job applicant or employee has a positive confirmed test result, a medical review officer will attempt to contact the individual in order to privately discuss the findings with that person. The job applicant or employee should keep the form as a "reminder" to discuss this information at that time. The medical review officer will take this information into account when interpreting any positive confirmed test results. The information provided shall be treated as confidential and will not be given to the employer. Employees and job applicants have the right to consult with a medical review officer for technical information regarding prescription and non-prescription medicine.

It is the responsibility of every employee or job applicant to notify the testing laboratory of any administrative or civil action brought pursuant to TCA Section 50-9-100 ET. seq., Drug-Free Workplace Programs

The provisions of this policy are subject to any applicable collective bargaining agreement or contract and include the right to appeal to the applicable court.

DRUG FREE WORKPLACE ACKNOWLEDGEMENT AND CONSENT FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Heritage Medical Associates in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Heritage Medical Associates may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Heritage Medical Associates, P.C.

I further agree to hold harmless Heritage Medical Associates, P.C. and its agents from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection with Heritage Medical Associates, P.C. consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name (Printed) _____

Applicant Signature: _____