



Please print in ink and answer all questions completely.

THIS FACILITY IS AN EQUAL OPPORTUNITY EMPLOYER

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE INITIAL	SOC. SEC. NO.	HOME PHONE
STREET ADDRESS	APT#	CITY	STATE	ZIP
EMAIL ADDRESS				CELL PHONE

DO YOU HAVE RELATIVES WORKING FOR THE COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAMES:	HOW WERE YOU REFERRED TO THE COMPANY? HAVE YOU WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES
ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:	ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY?? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO WORK WEEKENDS? <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU ABLE TO TRAVEL? <input type="checkbox"/> NO <input type="checkbox"/> YES
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN:	FOR DRIVING JOBS ONLY: DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE LICENSE #, STATE AND EXP. DATE:
IF DRIVING IS A REQUIREMENT OF THE POSITION APPLIED FOR, HAVE YOU HAD YOUR LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:	

AVAILABILITY TO WORK:  FULL-TIME  PART-TIME (# OF HOURS PER WEEK): \_\_\_\_\_  TEMPORARY (AVAILABLE THROUGH): \_\_\_\_\_

IF NECESSARY, ARE YOU ABLE AND AVAILABLE TO WORK ANY OF THE FOLLOWING:

OVERTIME: <input type="checkbox"/> NO <input type="checkbox"/> YES	EVENINGS: <input type="checkbox"/> NO <input type="checkbox"/> YES
OVERNIGHT: <input type="checkbox"/> NO <input type="checkbox"/> YES	WEEKENDS: <input type="checkbox"/> NO <input type="checkbox"/> YES
HOLIDAYS: <input type="checkbox"/> NO <input type="checkbox"/> YES	BUSINESS TRAVEL: <input type="checkbox"/> NO <input type="checkbox"/> YES

CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES (IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)	ARE YOU 18 OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES
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SCHOOL	LOCATION	CIRCLE GRADE/ YEARS COMPLETED	UNIT CREDITS	GRADUATED / COMPLETED	MAJOR / DEGREE EARNED
HIGH SCHOOL		9 10 11 12		<input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE		1 2		<input type="checkbox"/> NO <input type="checkbox"/> YES	
COLLEGE		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	
BUSINESS OR TRADE SCHOOL		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	
LIST PROFESSIONAL DESIGNATIONS:					

MILITARY

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BRANCH:	FINAL RANK:
RELEVANT SKILLS ACQUIRED:	

SKILLS (Check any of the following skills you possess)

LIST ANY FOREIGN LANGUAGES YOU KNOW: _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY: <input type="checkbox"/> OFFICE (WORD, EXCEL, OUTLOOK) <input type="checkbox"/> WINDOWS <input type="checkbox"/> GOLDMINE <input type="checkbox"/> MAS 90 <input type="checkbox"/> ORACLE <input type="checkbox"/> PEOPLESFT <input type="checkbox"/> PCC <input type="checkbox"/> OTHER: _____
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ADDITIONAL INFORMATION

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST NAME(S) YOU USED:
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> NO <input type="checkbox"/> YES
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK? <input type="checkbox"/> NO <input type="checkbox"/> YES
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> NO <input type="checkbox"/> YES
ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, IF YOU REQUIRE REASONABLE ACCOMMODATION, PLEASE EXPLAIN:

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS / EMPLOYEES TO PERFORM THEIR ESSENTIAL JOB FUNCTIONS. AN APPLICANT'S HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, SKILL AND AGILITY TESTS, ETC.)

## EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, ATTACH A SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME.

FIRM (please start with the most recent position)		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS	CITY	STATE	ZIP		
SUPERVISOR		PHONE			
DATES OF EMPLOYMENT (Include month and year) FROM:		TO:	<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME		REASON FOR LEAVING:
FIRM (please start with the most recent position)		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS	CITY	STATE	ZIP		
SUPERVISOR		PHONE			
DATES OF EMPLOYMENT (Include month and year) FROM:		TO:	<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME		REASON FOR LEAVING:
FIRM (please start with the most recent position)		MAY WE CONTACT? <input type="checkbox"/> NO <input type="checkbox"/> YES		TITLE AND SUMMARY OF YOUR DUTIES:	
ADDRESS	CITY	STATE	ZIP		
SUPERVISOR		PHONE			
DATES OF EMPLOYMENT (Include month and year) FROM:		TO:	<input type="checkbox"/> FULL -TIME <input type="checkbox"/> PART -TIME		REASON FOR LEAVING:

## PROFESSIONAL REFERENCES

IN THE SPACE BELOW, LIST THREE PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME	OCCUPATION / HOW DO YOU KNOW THIS PERSON?	PHONE NUMBER	EMAIL	YEARS KNOWN
1.				
2.				
3.				

### INITIAL

### AFFIDAVIT

\_\_\_\_\_ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. 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 am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent offer of employment. I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. 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 nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. 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 cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

\_\_\_\_\_ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

\_\_\_\_\_ I understand that the Company may be required to participate in E-Verify. If so, the Company will provide the federal government with my Form I-9 information to confirm that I am authorized to work in the U.S. If E-Verify cannot confirm that I am authorized to work, the Company is required to give me written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so I can begin to resolve the issue before the Company can take any action against me, including terminating my employment. The Company can only use E-Verify once I have accepted a job offer and completed the Form I-9.

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.** I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Employment Screening and Drug Testing

# IMPORTANT DISCLOSURE

FCRA Required  
Clear and Conspicuous Notice

**Please read before completing and signing the Employment ProFile Form.**

**I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.**

**I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.**

**I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.**

**I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resource ProFile, Inc.**

8506 Beechmont Avenue \* Cincinnati, OH 45255-4708 \* 800/969-4300 \* 513/388-4300 \* Fax 513/388-4320



# EMPLOYMENT PROFILE

Authorization Form to be Fully Completed and Signed

**\*\*\* If Hand-Written, Please Print Clearly \*\*\***

Human Resource Profile, Inc.

8506 Beechmont Ave.

Cincinnati, OH 45255

Ph: 800-969-4300

Fx: 513-388-4320; orders@hrprofile.com

Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ / \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Previous \_\_\_\_\_ City/State \_\_\_\_\_ / \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB used for identification purposes ONLY. Driver's License State of Issuance \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

### SCHOOLS ATTENDED

Educational achievement is only considered as dictated by the respective job requirements.

School Name	City / State Campus / Phone Number	Dates		Graduate? Y / N	Degree Type Earned
		From	To		
High School:					
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:			
College School Name:	City/State/Campus/Phone Number	From	To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:			
Grad./Tech./Other School Name:	City/State/Campus/Phone Number	From	To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:			

### CRIMINAL HISTORY

The presence of Criminal Records does not automatically disqualify an applicant.

**Complete the following section ONLY if you have received an offer (or conditional offer) of employment.**

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes  No

If Yes, CALIFORNIA, CONNECTICUT, & N.Y. applicants: provide conviction records ONLY. NY applicants: exclude all sealed records. CALIF. applicants: exclude all sealed records, marijuana cases over 2 years old; list juvenile records of felony or misdemeanor convictions for sexual offenses or drug possession within last 5 years. All Other applicants, if Yes, list All Offenses, including Traffic and/or Criminal, and the City, County, and State of the Offense(s).

Year	Offense	City	County	State

Please check here if additional pages are attached listing more offenses:  Yes, see additional sheets

I hereby authorize the procurement of the report and authorize and direct the release to Human Resource Profile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state, and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource Profile, Inc. and reported to my prospective (or if hired, my current employer). I hereby acknowledge that Human Resource Profile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource Profile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information, and authorize Human Resource Profile to release any and all information to my prospective employer. A facsimile or electronic copy with electronic signature shall be considered as valid as the original. If so required in your jurisdiction, do not consent to a criminal background check until after receiving an offer (or conditional offer) of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### TO BE COMPLETED BY: Arbor Post Acute

Date Sent: \_\_\_\_\_ From: \_\_\_\_\_ Acct # ARBPA-001  
 Time Sent: \_\_\_\_\_ Phone: \_\_\_\_\_

- Conviction History
- Education Verification
- MVR
- Employment History
- Federal District Criminal
- Violent Sex Offender Search
- Credit
- Federal Exclusions (OIG, GSA, etc)
- National Crim. Database
- Statewide Criminal Search
- Special Request:

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two or three page authorization profile forms comply with these requirements.



# EMPLOYMENT PROFILE

- Page 2 -

Human Resource ProFile, Inc.  
 8506 Beechmont Ave.  
 Cincinnati, OH 45255-4708  
 800-969-4300 / 513-388-4300  
 Fax 513-388-4320

Please print clearly and legibly

\*\*\*\*\*PLEASE COMPLETE ALL INFORMATION\*\*\*\*\*

**EMPLOYMENT EXPERIENCE:** Starting with your current or most recent job, please list your past 3 employers (or more to cover all your employers during the past 7 years).

Name of Employer			Telephone Number	
Address		City	State	Zip
Dates Employed		Supervisor	Supervisor Title	
From	To	Final Title and Work Performed		
Reason for Leaving		Did this position begin as a Temp employee or as a Sub-Contractor? <input type="radio"/> Yes* <input type="radio"/> No *If as a temp, Temp Agency's name: _____ Dates you were employed at this job as a Temp or Sub-Contractor: _____ to _____		
***May we contact the employer listed above? <input type="radio"/> Yes <input type="radio"/> No - If No, explain why not:			Is this your current employer? <input type="radio"/> Yes <input type="radio"/> No	

Name of Employer			Telephone Number	
Address		City	State	Zip
Dates Employed		Supervisor	Supervisor Title	
From	To	Final Title and Work Performed		
Reason for Leaving		Did this position begin as a Temp employee or as a Sub-Contractor? <input type="radio"/> Yes* <input type="radio"/> No *If as a temp, Temp Agency's name: _____ Dates you were employed at this job as a Temp or Sub-Contractor: _____ to _____		
***May we contact the employer listed above? <input type="radio"/> Yes <input type="radio"/> No - If No, explain why not:				

Name of Employer			Telephone Number	
Address		City	State	Zip
Dates Employed		Supervisor	Supervisor Title	
From	To	Final Title and Work Performed		
Reason for Leaving		Did this position begin as a Temp employee or as a Sub-Contractor? <input type="radio"/> Yes* <input type="radio"/> No *If as a temp, Temp Agency's name: _____ Dates you were employed at this job as a Temp or Sub-Contractor: _____ to _____		
***May we contact the employer listed above? <input type="radio"/> Yes <input type="radio"/> No - If No, explain why not:				

\*\*\*\*\*For additional employers, please use another sheet of paper\*\*\*\*\*

Note: Do not write on the back of this form  Yes, see additional sheets

I certify that my answers and the information provided are true, complete, and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_





## CALIFORNIA CONSUMER RIGHTS

You have rights when an investigative consumer report is obtained on you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy. Each employee will be given a copy of the report obtained on him/her.
2. You have the right to contact the agency that made the report. You can do this in one of the following ways:
  - (a) You can go to the agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the agency to discuss your file with or to show your file to this person.
  - (b) You may receive your file by certified mail, if you have given written notice to the agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
  - (c) You may be able to discuss your file over the telephone if you have give written instructions to the agency and have provided identification.

Currently, **Human Resource ProFile, Inc.** prepares all or part of our reports. They are our Consumer Reporting Agency and Investigative Consumer Reporting Agency, and can be reached at **800-969-4300** for any questions, concerns, or disputes.

3. You have the right to receive a copy of your file or your investigative consumer report at the agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
  - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
  - (b) If you are receiving a copy from the agency relating to an investigation into the accuracy of information you have disputed or if information is put back into your file.

**The agency must describe these rights to you in English and Spanish.**

4. You have the right to know the following information:
  - (a) The names of the persons and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
  - (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
5. You have the right to dispute any information in your file. You must contact the agency directly to do so. The person who ordered a report is required to give you the name and address of the agency.
  - (a) The agency has thirty (30) days from the day it receives your dispute to complete the investigation.
  - (b) When the agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
  - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The agency has people to help you write the statement. The agency may limit your statement to five hundred (500) words.
  - (d) If information is removed or you add a statement to your file, you can request the agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
  - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
6. You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is a consumer report, not an investigative consumer report.

I certify that I have read and accept the above: \_\_\_\_\_ / \_\_\_\_\_  
Applicant/Employee Date

ARBITRATION AGREEMENT

(This Agreement cannot be altered, or else it is rendered null and void)

\_\_\_\_\_ is an applicant/employee (the "Applicant/Employee") for employment with Arbor Post Acute \_\_\_\_\_ (the "Prospective Employer/Employer") and understands that the Prospective Employer/Employer will request that a Background Check be performed on him/her by Human Resource ProFile, Incorporated ("HRP") as a condition of employment.

For good and valuable consideration, including prospective or continued employment, the sufficiency of which is hereby acknowledged, the Applicant/Employee, Prospective Employer/Employer and HRP ( hereinafter referred to individually as a "Party" and collectively as the "Parties") hereby agree that any and all claims or causes of action against a Party(ies) by another Party(ies) under the Fair Credit Reporting Act ("FCRA") or any other applicable federal or state law, whether based in tort, contract or other basis, which arises in any way from the Background Check Report, disclosures required under the FCRA or state law, any adverse action taken by the Prospective Employer/Employer or by HRP on behalf of the Prospective Employer/Employer, or any other alleged violations of federal, state or local law, shall be arbitrated by the Parties in accordance with the Federal Arbitration Act ("FAA"). Such arbitration shall take place in the county in which the Prospective Employer/Employer is located or where the prospective employment was to take place or employment took place.

The arbitration required above shall be brought "on an individual basis only" and not "on a class action basis." The Applicant/Employee, Prospective Employer/Employer and HRP further agree that the validity of this Arbitration Agreement shall be determined solely by the arbitrator(s).

HRP is executing this Agreement on behalf of itself and in its capacity as a duly authorized agent of the Prospective Employer/Employer as per the HRP Service Agreement therewith. This Agreement may be executed using electronic and/or facsimile signatures, and such signatures shall have the same force and effect as if they were original signatures, and shall be effective as of the date that it is fully executed. If any provision hereof is declared to be unenforceable, the remainder hereof shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date set forth opposite their respective signatures.

\_\_\_\_\_  
Applicant/Employee's Signature

\_\_\_\_\_  
Date

**Arbor Post Acute**


\_\_\_\_\_  
(Print Name of Prospective Employer/Employer)

\_\_\_\_\_  
Human Resource ProFile, Incorporated

By: \_\_\_\_\_



By: \_\_\_\_\_



HRP as its duly authorized Agent

Print Name: Mark Owens

Title: President

Date: November 1, 2017

Print Name: Mark Owens

Title: President

Date: November 1, 2017

**Human Resource ProFile, Inc.**

8506 Beechmont Ave. \* Cincinnati, OH 45255 \* Ph: 800/969-4300 \* Fx: 513/388-4320

**STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION**

**Pursuant to state law, the following disclosures are provided to state residents.**

**CALIFORNIA applicants or employees only:** By signing below, you acknowledge receipt of this NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

**NEW YORK applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by my prospective employer or its subsidiaries by contacting Human Resource ProFile, Inc., 8506 Beechmont Avenue, Cincinnati, OH 45255, Phone: 800-969-4300.

**NEW YORK applicants or employees only:** By signing below, you acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

**WASHINGTON applicants or employees only:** You have the right to request from Human Resource ProFile, Inc. a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**MAINE, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA applicants or employees only:** Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by my prospective employer or its subsidiaries.

Check box to receive report:

**VERMONT applicants or employees only:**

Pursuant to 9 V.S.A. §§ 2480e and 2480g, no person may request a credit report on you unless it is obtained pursuant to the order of a Court having jurisdiction or it has secured your written consent to do so and is used for the purpose for which you consented. Credit reporting agencies must adopt reasonable procedures to assure maximum compliance with such requirements. The foregoing shall not affect (1) the ability of a person, who has secured such consent, to include in the same request permission to also obtain credit reports, in connection with the same transaction or credit extension, for the purpose of reviewing, increasing the credit line on, taking collection on, or for other legitimate purpose regarding, your account; or (2) the use of credit information for the purpose of prescreening as defined and permitted by the Federal Trade Commission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_