



Virginia Cancer Specialists

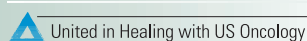
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OFFICE LOCATIONS:

Alexandria
Arlington
Fair Oaks
Fairfax
Gainesville
Loudoun
Winchester
Woodbridge

www.VirginiaCancerSpecialists.com



Dear Applicant:

Thank you for your interest in employment with Virginia Cancer Specialists. The application you are about to complete is taken very seriously in our organization and must be filled out accurately and in its entirety. Please pay special attention to the following areas:

Education: Please populate all areas requested accurately including the city and state of the school.

Employment: Please indicate exact dates of employment for each employer you record. City and state information is critical to include.

Business References: Please complete all areas requested including address, business, current telephone number and relationship.

Authorization/Release: Please read this page and each question carefully and complete all information requested accurately and honestly.

If you are offered a position, as a part of our employment process, your application will be forwarded to an outside company contracted to conduct a complete background check on all new employees. A complete background check includes verification of previous employment, education, licensure if applicable and criminal activity. The integrity of the information you provide on the employment application is vital to a successful relationship with our organization. Falsification of any information provided can result in termination of employment.

Additionally, as part of our employment process, all new hires are subject to a pre-employment drug screening. Continued employment is contingent upon receiving negative test results from the drug screening. Details regarding this process will be shared with you later.

Thank you in advance for your cooperation.

Best Regards,

Human Resources Administrator

A New Way of Caring

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		
Foreign Languages	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:	

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.

Applicant Name: _____

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
1. From:			\$ _____
1. 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
Have you ever had a driver's license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

**CONSUMER REPORT DISCLOSURE & RELEASE
(EMPLOYMENT)**

Applicant's Full Name (Print): _____

Social Security No ____ / ____ / _____ **Date of Birth**¹ ____ / ____ / _____ **Gender (M or F)** _____

DISCLOSURE

In connection with your continued employment or application for employment (including contract for services), consumer reports (including investigative consumer reports involving interviews with sources such as your friends, acquaintances, or others who may have relevant information) may be requested from an authorized consumer reporting agency (CRA). These reports may include, but are not limited to, the following types of information regarding your credit worthiness, credit standing, character, general reputation, personal characteristics, and mode of living: employment history (including names and employment dates of previous employers, reason for termination of employment, work experience and performance), accidents, academic history, professional credentials, and drug and alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from a consumer reporting agency concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to the CRA, upon proper identification, to request the nature and substance of all information in the CRA's files on you at the time of your request, including the sources of information and the recipients of any reports on you that the CRA has previously furnished within the two-year period preceding your request. You may request the CRA's name, address, and toll-free telephone number from the requesting entity.

In consideration of state law requirements, New York, Oklahoma and Minnesota Applicants will be sent a copy of any consumer report requested on them.

RELEASE

I UNDERSTAND THE INFORMATION PRESENTED ABOVE, AND I AUTHORIZE, WITHOUT RESERVATION, THE CRA , AND ANY PARTY OR AGENCY CONTACTED BY THE CRA, TO FURNISH THE ABOVE-DESCRIBED INFORMATION.

The CRA is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination or recommendation as to my eligibility for initial or continued employment, promotion, reassignment, or any other lawful purpose. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

Notwithstanding anything else in this document, I understand the requesting entity and my potential or current employer reserve the ability to avail themselves of any rights set forth in any applicable federal, state, or local law, including the Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act (the "FACT Act").

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being sought could affect my being hired, my employment, or my eligibility for promotion or reassignment.

Applicant/Employee Signature

Date

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only and will be used to ensure proper identification of applicant.