

OSS Health
Candidate Reference List

Greetings! Thank you for coming in today for an interview. It is a pleasure to meet with you. To complete your file for consideration, please provide three professional references below and then read and sign the waiver on the next page. These references can be prior Employers, Supervisors, Co-workers, or others who have direct knowledge of your skills, abilities and work history. We will also verify employment with at least one employer listed on your application of employment.

Your Name: _____ Social Security # _____

Reference #1
<p>Prior Employer/Professional Reference: _____</p> <p>Contact Phone Number: _____ E-mail: _____</p> <p>Dates of Employment or Years known: _____</p> <p>Describe Professional Relationship:</p> <p>_____</p> <p>_____</p>
Reference #2
<p>Prior Employer/Professional Reference: _____</p> <p>Contact Phone Number: _____ E-mail: _____</p> <p>Dates of Employment or Years known: _____</p> <p>Describe Professional Relationship:</p> <p>_____</p> <p>_____</p>
Reference #3
<p>Prior Employer/Professional Reference: _____</p> <p>Contact Phone Number: _____ E-mail: _____</p> <p>Dates of Employment or Years known: _____</p> <p>Describe Professional Relationship:</p> <p>_____</p> <p>_____</p>

OSS Health
Reference/Verification of Employment Release

1855 Powder Mill Road, York PA 17402
HR Dept. Fax 717-741-9630

Applicant Name: _____

I certify that all information I have provided in order to apply with OSS Health is true, complete and correct.

I expressly authorize, without reservation, OSS Health, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, my resume or interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that any future employment is "at will," and that I or the employer may end the employment relationship at any time, with or without notice. No supervisor or representative of the company is authorized to make any assurances to the contrary and hence no implied oral or written agreements to the contrary of this language are valid unless signed by the CEO or President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

OSS Health does not permit unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her ancestry, age, color, creed, marital status, national origin, race, religion, sex, sexual orientation, status as a disabled or Vietnam veteran, or status as a qualified disabled individual in accordance with applicable local, state or federal laws.

Likewise, the company does not tolerate harassment on the basis of these or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). OSS Health takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

Any information contained in this submission found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to either 1) eliminate me from further consideration for employment, or 2) may result in my immediate discharge from employment, whenever it is discovered.

By completing this presence and submitting an application for employment, I am signifying that I have read, fully understand and accept the terms of this Applicant Statement.

Date: _____

Signature: _____