



1151 Walker Road, Dover, DE 19904

PERSONAL INFORMATION

DATE: _____

NAME _____ Social Security Number _____
 PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE NO _____ ARE YOU 18 YRS OLD OR OLDER ___ Yes ___ No

Are you prevented from lawfully becoming employed
 in this country because of visa or immigration status? ___ Yes ___ No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

IF SO, MAY WE INQUIRE

ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER? _____
 EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____
 REFERRED BY _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

CRIMINAL BACKGROUND:

Have you ever been convicted of a crime: No ___ Yes ___ if yes, please explain. Attach Separate Sheet
 Have you ever been arrested: No ___ Yes ___ if yes, please explain. Attach Separate Sheet
 Have you ever been arrested, adjudicated or convicted of crimes against the elderly OR children? Or have been placed on ANY Child Abuse Registry? No ___ Yes ___ if yes, please explain. Attach Separate Sheet

Please describe any special skills or additional qualifications:

US MILITARY OR
 NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN
 NATIONAL GUARD OR RESERVES _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act
 And the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

The Mind and Body Consortium, LLC.
Dover, DE 19904
302.674.2380

Applicant Information Release

Applicant Name: _____
Address: _____
S.S.N. _____

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold The Mind and Body Consortium, LLC. , any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Employment References:

Employer	Address	Contact Person	Phone

Personal References:

Name	Address	Relationship	Phone

Signed: _____

Date: _____

The Mind and Body Consortium, LLC.
Dover, DE 19904
302.674.2380

Confidentiality Statement

As an employee of The Mind and Body Consortium, LLC. you may have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions.

It is your responsibility to maintain the confidentiality of this information at all times. Our various contracts stipulate to whom and under what circumstances information can be legally disclosed. Your involvement in protecting this information is vitally important and cannot be overemphasized.

To ensure we maintain patient confidentiality, you are not permitted to divulge, discuss, or acknowledge any information regarding patients and their families without proper authority. This also means you may not disclose patient identification or information to any of your friends, relatives, or acquaintances; the news media; any of the patient's relatives, employers, or supervisors; or anyone requesting information over the phone.

This document signifies you are aware of our policy and understand that any disclosure of unauthorized information is grounds for legal action. For unauthorized disclosure of any confidential information, you could be fined not more than \$1,000 and/or imprisoned not more than six (6) months, under Section 1166 (6) of the Social Security Act. In addition, such disclosure is grounds for immediate dismissal.

Name of Employee

Employee Signature

Date

Mind and Body Consortium, LLC.
Dover, DE 19904
302.674.2380

RE: CONFIDENTIALITY STATEMENT

It is the policy of The Mind and Body Consortium, LLC. that all employees review and sign the Statement of Confidentiality annually. This policy is strictly adhered to. As employees of The Mind and Body Consortium, LLC., you have access to confidential information pertaining to patients, physicians, hospitals, other individuals, providers, or institutions. It is your responsibility to maintain the confidentiality of this information at all times.

The disclosure of unauthorized information is grounds for legal action and grounds for immediate dismissal. For unauthorized disclosure of any confidential information, you could be fined not more than \$1,000 and/or imprisoned for not more than six (6) months under Section 1166 (6) of the Social Security Act.

No medical records or information may be released to any one without a signed, written authorization from the patient, parent, legal guardian or executor of the estate.

Laws may also prohibit any disclosure of the information without the specific written consent of the person(s) to whom such information pertains, or as otherwise permitted by the State law. This consent must be specific for the release of any/all HIV information.