



We are pleased to consider you for employment opportunities with MedBen. As an equal opportunity employer, we think you will find our salary, benefits and personal development programs competitive and progressive. Thank you for your interest in MedBen.

APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL DATA

Legal Name (Print) _____
LAST FIRST MIDDLE PREFERRED NAME

Social Security Number _____ Home or Cell Phone (____) _____

May we contact you at work? Yes No Business Telephone (____) _____ Ext. _____

Can your education and/or employment records be verified using the above name and social security number?
 Yes No

If "No", list other name(s) and/or social security number(s). _____

Current Address _____
NUMBER AND STREET CITY, STATE, ZIP CODE

Last three addresses (List most recent former address first).

Number and Street	City, State, Zip Code	From (Mo/Yr)	To (Mo/Yr)

Position (Job) applying for _____

Would you work: Full time Part time Date available for work _____

Do you object to working beyond the hours of the usual business day? Yes No

Were you previously employed by our company? Yes No

If "Yes", Termination Date _____ Name at Time of Termination _____

Have you previously applied for a position with our organization? Yes No

If "Yes", name at time of application _____ When did you apply? _____

Do you have a reliable way to get to work? Yes No How? _____

Do you have relatives employed by MedBen? Yes No

If "Yes", Name _____ Relationship _____

REFERRAL SOURCE

Please specify how you were referred to MedBen (CHECK ONE BOX ONLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> College Campus |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Former Employee | <input type="checkbox"/> MedBen.com |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> Facebook | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Other Social Media | <input type="checkbox"/> MedBen Employee | <input type="checkbox"/> MedBen Agent |

NAME _____

NAME _____

NAME _____

EDUCATION AND TRAINING

Circle Last Year Completed	Trade or High School					Technical, Business School, College					Graduate School			
	9	10	11	12	GED	1	2	3	4	5	1	2	3	4

High School Name	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Point Average
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List Every Business, Trade School or College Attended	Location	Dates Attended (From-To)	Date of Graduation	College Major	College Minor	Grade Point Average

If you did not graduate from college, how many total hours have you successfully passed?

Quarter _____ Semester _____

How many hours are required for graduation? _____ Are you currently enrolled? Yes No

Extracurricular Activities (include offices held, awards, honors received, etc.):

High School: _____

College: _____

Scholarships Received: _____

SKILLS AND TRAINING ACQUIRED (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Typing: WPM _____ Errors _____ | <input type="checkbox"/> Medical Billing & Coding |
| <input type="checkbox"/> Letter Composition | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Personal Computer Operation |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint |

EMPLOYMENT EXPERIENCE (Including Part-time and Military)

LIST IN ORDER, MOST RECENT EMPLOYER FIRST

DATES EMPLOYED Month Year From _____ To _____	COMPANY NAME AND ADDRESS _____ _____	SUPERVISOR'S NAME, TITLE, PHONE # _____ _____
SALARY Initial \$ _____ Per _____ Final \$ _____ Per _____	TITLE OF JOBS HELD	REASONS FOR LEAVING
DESCRIBE WORK PERFORMED		
DATES EMPLOYED Month Year From _____ To _____	COMPANY NAME AND ADDRESS _____ _____	SUPERVISOR'S NAME, TITLE, PHONE # _____ _____
SALARY Initial \$ _____ Per _____ Final \$ _____ Per _____	TITLE OF JOBS HELD	REASONS FOR LEAVING
DESCRIBE WORK PERFORMED		
DATES EMPLOYED Month Year From _____ To _____	COMPANY NAME AND ADDRESS _____ _____	SUPERVISOR'S NAME, TITLE, PHONE # _____ _____
SALARY Initial \$ _____ Per _____ Final \$ _____ Per _____	TITLE OF JOBS HELD	REASONS FOR LEAVING
DESCRIBE WORK PERFORMED		
DATES EMPLOYED Month Year From _____ To _____	COMPANY NAME AND ADDRESS _____ _____	SUPERVISOR'S NAME, TITLE, PHONE # _____ _____
SALARY Initial \$ _____ Per _____ Final \$ _____ Per _____	TITLE OF JOBS HELD	REASONS FOR LEAVING
DESCRIBE WORK PERFORMED		

OTHER QUALIFICATIONS

Describe additional job-related experiences, volunteer work experiences, special skills, and training acquired which would be helpful in assessing your qualifications for employment consideration.

List professional and business organizations to which you belong.

If you are currently employed, may your employer be contacted at this time for a reference? Yes No

What starting salary do you expect? \$ _____ Per _____

REFERENCES

Give the names of three persons (not relatives) who would be willing to provide an employment reference on your behalf.

Name/Phone Number/Fax Number	Address (Indicate street, city, state and zip code)	Occupation/Employer

Medical Benefits Administrators, Inc., including its subsidiaries and affiliates (MedBen), is an equal opportunity employer, and we consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, genetic information or any other legally protected status.

MedBen provides a smokeless work environment for its employees. Smoking is not permitted in any area of the building or on the premises.

MedBen has an established sexual harassment policy. This policy strictly prohibits sexual harassment of MedBen employees.

I understand that MedBen retains the sole right to determine terms and conditions of employment. I also understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of MedBen. If hired, I agree to sign any and all documents provided by MedBen for my signature which are related to my employment relationship with MedBen or any of its subsidiaries or affiliates.

I also understand that Federal law prohibits MedBen from hiring persons who are not authorized to work in the United States. I represent that I possess unrestricted employment authorization and will provide MedBen with documents verifying my identity and employment eligibility, if and when I am offered employment.

In addition, I understand that misrepresentation or false information on this application can result in discontinuation of employment consideration or, if I am employed, my discharge.

I authorize MedBen to contact my previous employers, the schools I attended, and the personal references I have listed to make any investigation of my personal, financial and credit background necessary for the purpose of evaluating my qualifications for employment. Furthermore, I authorize MedBen to investigate my police record, if any. I understand that MedBen, upon my written request, will disclose to me the nature and scope of my credit investigation. If this application for employment is denied, either wholly or in part, because of information contained in a consumer report from a consumer reporting agency, I understand that MedBen shall so advise me and provide me with the name and address of that consumer agency making the report. I authorize any law enforcement agency, and previous employers or educational institutions specified by me in this application, to release to MedBen any and all information, personal or otherwise that may or may not be in their records, and I hereby release said law enforcement agency, employers and educational institutions from liability for any damage or injury to me arising out of the release of such information. A photocopy of this document shall be valid as the original. This authorization and application for employment is valid for a period of one (1) year from the date of this application.

I understand that any offer of employment will be conditioned on the results of MedBen's drug test. A copy of MedBen's drug screening policy has been made available to me at the time of the completion of this Application.

Signature _____ Date _____

MEDBEN

DRUG TESTING POLICY AND CONSENT FORM

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY. YOUR SIGNATURE AT THE BOTTOM OF THIS PAGE WILL NOT ONLY CONSTITUTE AN ACKNOWLEDGEMENT THAT YOU UNDERSTAND THESE MATERIALS, BUT ALSO THAT YOU ARE CONSENTING TO A DRUG SCREEN AND AGREEING TO RELEASE MEDICAL BENEFITS ADMINISTRATORS, INC., INCLUDING ITS SUBSIDIARIES AND AFFILIATES (REFERRED TO AS MEDBEN) FROM ANY RESULTING LIABILITY. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR THE DRUG SCREENING TEST, PLEASE CONTACT MEDBEN'S HUMAN RESOURCES DEPARTMENT BEFORE YOU SIGN THIS FORM.

MedBen is dedicated to providing an environment for our employees which is free from the harmful influence of illegal drugs. Therefore, all successful candidates for employment must pass a drug-screening test. Any offer of employment shall be conditioned upon the successful completion of such test. There are no exceptions to this rule. Individuals testing positive for a controlled substance, as listed in Section 3719.41 of the Ohio Revised Code, will not be hired unless the drug detected is being taken under a physician's prescription. Individuals who refuse to be tested will not be hired. This is the drug testing policy of MedBen.

As an applicant for employment with MedBen, I understand and agree that I am subject to its drug testing policy.

I understand and agree that the drug screening will be performed by a laboratory selected by MedBen and that the laboratory is solely responsible for the accuracy of the drug screening test.

I understand that the purpose of this drug screening test is to determine the absence or presence of illegal drugs, and that the results of the analysis will be used by MedBen in its decision to offer employment to me. I also understand and agree that if the pre-employment drug screening test indicates a violation of the drug testing policy, any contingent job offer which may be made to me will be null and void.

I consent freely and voluntarily to the request of MedBen for a urine specimen. In return for my being considered for employment, I hereby release and hold harmless MedBen, its affiliates, successors, officers, directors, employees, agents, assigns and subcontractors from any liability whatsoever arising out of or related to any drug screening test.

APPLICANT PRINTED NAME

DATE

SIGNATURE OF APPLICANT

MEDBEN

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Medical Benefits Administrators, Inc., including its subsidiaries or affiliates (MedBen) will utilize the services of a consumer-reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, MedBen may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven (7) years regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify MedBen within two business days of my receipt of the report. If I notify MedBen within two business days of the receipt of the report that I am challenging information in the report, MedBen will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize MedBen to procure a report on my background as stated above from a consumer-reporting agency.

Applicant Printed Name

Signature of Applicant

Date