



Thank you for your interest in **PacificSource Health Plans, Manley Services, and Select Benefit Administrators** – the PacificSource family of companies.

## EMPLOYMENT APPLICATION

### GUIDELINES FOR APPLICATION

- If filling this application out by hand, please print in ink, then fax your application to (541) 225-3639 or send it to PacificSource Health Plans, PO Box 7068, Eugene OR 97401.
- To submit your application electronically, save this to your computer, complete the application, and e-mail it as an attachment to [hr@pacificsource.com](mailto:hr@pacificsource.com)
- You may provide a resume in addition to your application. However, **you must complete all sections of this application** to be considered for employment with PacificSource or one of its subsidiary companies.
- If applying for more than one position, please submit one application and list all positions you are interested in.
- If you are selected for an interview, you will be contacted by the PacificSource Human Resources Department.
- All candidates who are invited to interview may be tested to demonstrate their skills.

### GENERAL INFORMATION

Name (first, M.I., last)			
Street Address			
City, State, Zip			
Home Phone	( ) -	E-mail	
Cell Phone	( ) -	Work Phone	( ) -
Position(s) that you are applying for:			
What is your current salary?		What salary do you anticipate making if hired?	
How did you hear about our company?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Company Web site <input type="checkbox"/> Internet job site <input type="checkbox"/> School <input type="checkbox"/> Recruiter <input type="checkbox"/> Temp agency <input type="checkbox"/> Employee	
If referred by employee or Internet job site, please write their name(s) here:			
Have you been previously employed under another name?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list name(s) here:			
Can you perform the essential functions related to the job you are applying for with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:			
Type of employment desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship		
<b>Note: All employees may be required to work evening, weekend, and overtime hours on occasion.</b>		If hired, when can you start?	
Are you under 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a misdemeanor or felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Conviction is not an automatic bar to employment. Each case will be reviewed on an individual basis, considering factors such as the recentness, seriousness, and nature of the offense as it relates to the job or jobs for which you have applied.**

## EDUCATION AND TRAINING

Please list any high school, college, vocational, technical, or professional education or training you have received below. You may provide a resume in addition to your application. However, **you must complete all sections of this application** to be considered for employment at a PacificSource company.

Type of School	Name and Address of School	Years Completed	Degree, Major, or Type of Course

## PROFESSIONAL LICENSES AND CERTIFICATIONS

Please answer the questions below regarding your professional licensure and certifications. You may provide a resume in addition to your application. However, **you must complete all sections of this application** to be considered for employment at a PacificSource company.

Are you currently a licensed insurance agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your license number and the state in which you are licensed:	Number:	State:
Are you currently a licensed registered nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your license number and the state in which you are licensed:	Number:	State:
Other licenses or certifications:		
Area of specialization or major interest:		

## PRESENT AND PRIOR EMPLOYMENT

You may provide a resume in addition to your application. However, **you must complete all sections of this application** to be considered for employment at a PacificSource company.

List all present and past employment, beginning with your most recent job.			
Employer	Address	Supervisor	Telephone Number
			( ) -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

List all present and past employment, *continued from previous page*. If you need additional space, please attach a separate sheet to your application.

Employer	Address	Supervisor	Telephone Number
			( ) -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

Employer	Address	Supervisor	Telephone Number
			( ) -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

Employer	Address	Supervisor	Telephone Number
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Duties			
Reason for Leaving			

Employer	Address	Supervisor	Telephone Number
			( ) -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

Please account for all periods of unemployment longer than three months:

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## SKILLS

Please answer the questions below regarding your skills and experience.

Please describe the software applications you have used, such as Microsoft Word or Adobe Acrobat. For each, indicate your level of expertise (beginner, intermediate, or advanced).

Please list any other computer experience you have below:

Below, please describe your general office and clerical skills:

Please describe your knowledge or training with regard to medical terminology and confidentiality below:

Are there any other experiences or skills you feel would especially qualify you for this position?

## CONDITIONS OF EMPLOYMENT

*Please read carefully and sign below.*

1. All of the information I have supplied on this application is a full and complete statement of facts. Any falsifications will disqualify my application for employment. I agree that PacificSource Health Plans, its subsidiaries, and my previous employers will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to any false statements and answers on this application.
2. I give PacificSource permission to contact all or any of my previous employers, except as listed below, for references disclosing full information. I understand I am required to provide complete and correct information on my former employers. This information includes full addresses, including street number and zip code, and telephone numbers. If this information is not provided, I may not be considered for employment.

**Do not contact:** \_\_\_\_\_

3. I understand that PacificSource may require that I take and pass a urine drug test and/or a physical examination before my employment is finalized.
4. I understand any employment by PacificSource and its subsidiary companies is "at will." That is, my employment is for an indefinite period and may be terminated without previous notice.
5. I understand that I may be asked to work days and/or hours other than those specified at the time of hire.
6. I understand that I will be actively considered for employment for a period not to exceed six months.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date