

APPLICATION FOR EMPLOYMENT

Instructions for completing this application:

- Save the blank application PDF to your computer.
- Fill in each section of the application as completely as possible.
- After completing the application, save the document. If you do not save the document, your information will be lost.
- Submit your completed application and resume by email to careers@alliantplans.com or mail to Health One Alliance, LLC, Attn: Careers, 1503 N. Tibbs Rd, Dalton, GA 30720.

PERSONAL INFORMATION

First Name:	Last Name:	Middle:	Other:	Preferred:
Current Address (Number and Street):				
City, State and Zip Code:				
County:			Social Security Number:	
Home Phone:			Other Phone Mobile Work Other:	
Email Address:				
Are you 18 years of age or older? <input type="checkbox"/> Y <input type="checkbox"/> N			Do you have the legal right to work in the U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N	
Have you ever been convicted, pled guilty, or pled no contest to a crime other than a minor traffic violation? <input type="checkbox"/> Y <input type="checkbox"/> N Answering "yes" is <u>not</u> an automatic bar to employment. If yes, explain:				
Have you ever been excluded, disbarred, or suspended from participating in a federally funded health care program? <input type="checkbox"/> Y <input type="checkbox"/> N				
Have you ever been discharged, or resigned in lieu of being discharged by an employer? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, explain:				

Continue to the next page.

EMPLOYMENT INTEREST

Position Desired:

Full Time
 Seasonal

Part Time
 Other

Specific Days (Complete if you checked part time, seasonal or other):

Desired Pay:

Earliest Available Start Date:

Have you ever worked for Health One Alliance? Y N

If yes, when?

Have you ever applied for a job with Health One Alliance? Y N

If yes, when?

How did you learn about us? (Please name)

Website: _____

Social Media: _____

LinkedIn: _____

Employee: _____

Other: _____

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Did you Graduate?	Diploma or Degree
High School or GED					
College					
Technical					
Other					

MILITARY

Have you served in the military?

Y N

Branch of Service:

Rank:

Your major area of responsibility:

Continue to the next page.

EMPLOYMENT HISTORY

(Beginning with present or most recent employment, including military)

Employer:	Phone:
Address:	
Duties:	
Date of employment: From (Mo./Yr.) To (Mo./Yr.)	Final Pay Rate: \$ per
Reason for leaving:	
Employer:	Phone:
Address:	
Duties:	
Date of employment: From (Mo./Yr.) To (Mo./Yr.)	Final Pay Rate: \$ per
Reason for leaving:	
Employer:	Phone:
Address:	
Duties:	
Date of employment: From (Mo./Yr.) To (Mo./Yr.)	Final Pay Rate: \$ per
Reason for leaving:	
Employer:	Phone:
Address:	
Duties:	
Date of employment: From (Mo./Yr.) To (Mo./Yr.)	Final Pay Rate: \$ per
Reason for leaving:	
Please explain any gaps in employment:	
May we contact your present employer for a reference? <input type="checkbox"/> Y <input type="checkbox"/> N	

Continue to the next page.

REFERENCES

List at least three references who are not relatives or employers:

Name and Relationship	Address	Daytime Telephone

CLERICAL APPLICANTS

Do you type? Y N

Words per minute:

Medical terminology: Y N

List software knowledge:

List any office equipment you operate:

OUR VALUES

Health One Alliance, LLC is an Equal Opportunity Employer and welcomes applicants to apply for available positions. Part of our philosophy at Health One Alliance is our commitment to our Foundational Values of Customer Focus, Competency, Compassion, and Cost Effectiveness. Below are our Values Statement, Standards Summary, and our Beliefs outlining this commitment. By completing and signing this application, you are willing and committed to upholding these Values, Standards, and Beliefs should you become employed with Health One Alliance, LLC.

Foundation of Values:

Customer Focus
 Competency
 Compassion
 Cost Effective

Specific Values:

Dignity and Respect – To treat co-workers and business associates with the highest regard.
 Integrity – To maintain the highest standards of behavior, encompassing honesty, ethics, and reliability.
 Service – To provide outstanding and compassionate care.
 Innovation – To continually search for new and better ways to provide the best health care to the community.
 Teamwork – To work together to achieve more than each could achieve alone.

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STANDARDS

Attitude – We believe we are here to serve our customers. Our customers’ most basic expectation is to be treated with courtesy. We are committed to providing the highest quality of service and meeting our customers’ needs with utmost care and courtesy. This commitment must be reflected in our behavior.

Appearance – While we are on duty, we will first consider our customers’ expectations in how we present ourselves. Our manner and expression will convey our concern for and willingness to serve our customers. We will take pride in our facility and do our part to maintain a clean and neat environment free from clutter.

Communication – We must listen attentively to our customers in order to understand fully their needs. Close attention should be given to both verbal and non-verbal messages. Our messages to customers should be delivered with courtesy, clarity, and care.

Sense of Ownership – We must take pride in what we do, feel responsible for the outcomes of our efforts, and recognize our work as a reflection of ourselves.

Commitment to Co-Workers – We are linked to one another by a common purpose: to serve our clients and our community. Our co-workers, therefore, are our teammates. They deserve our respect.

Environment – The appearance of our facilities and workspaces conveys our values and respect for others. The facility will be clean, orderly, safe, and comfortable for co-workers, clients, and business associates.

Customer Waiting – We recognize that our customers’ time is very valuable. We strive to provide our customers with prompt service, always keeping them informed of delays and making them comfortable while they wait.

Safety Awareness – Safety is the responsibility of all employees. Ensuring an accident-free environment is part of your job performance. Accidents are the results of actions and attitudes that you can help eliminate.

OUR BELIEFS

EMPLOYEES

- We believe our employees are our most valuable resource.
- We believe in providing an environment where employees:
 - Are treated fairly and with respect;
 - Can be recognized and rewarded for their individual contribution and feel a sense of accomplishment and pride in their work;
 - Can feel free to express their ideas and concerns and are encouraged to participate and feel a part of the organization;
 - Have opportunities through education and advancement to reach their maximum potential;
 - Every employee should realize that there must be an individual and collective responsibility to those we serve.
- We believe unselfishness and teamwork are vital to the success of the company.

MANAGEMENT PRINCIPLES

- We believe in fair and consistent application of the policies, procedures, and the Standards of the company.
- We believe in results-oriented management and encourage creativity and initiative that supports the mission of the organization.
- We believe management must be responsible stewards of its resources in a manner, which ensures the financial viability of the company.

Continue to the next page.

PRE-EMPLOYMENT STATEMENT

I certify that the information given by me in this application, accompanying resume, or any attachments I have supplied, is true, correct, and complete to the best of my knowledge. I understand and acknowledge that any misrepresentation, omission, falsification or failure to disclose pertinent information will be cause for immediate dismissal. I understand that if the results of an investigation are not satisfactory for any reason, further consideration or actual employment of Health One Alliance, LLC (HOA, LLC) may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon for service actually rendered, if any.

I authorize and consent to my current and prior employers, educational institutions and persons or organizations named in this application (or accompanying resume) to release any information to HOA, LLC, that may be required to make an employment decision. This authorization will serve as a release of any and all information and for this purpose, a photocopy shall be considered an original and valid.

After a conditional offer of employment has been made, I agree to submit to a medical examination as a condition of employment. If requested, I also understand that I may be required to undergo a drug and alcohol test. I understand that my employment is contingent upon the satisfactory passing of the test. Therefore, a positive result, the alteration or tampering with the test or the result, or my refusal to take the test will result in my offer of employment being revoked. I consent to a pre-employment drug screen and hereby authorize the release of the results of any testing or examinations conducted to Health One Alliance, LLC (HOA, LLC), it's officers and designees.

I understand that employment is subject to (1) the policies and regulations of HOA, LLC, and (2) submitting documentary proof of my eligibility to work in the United States. I understand that nothing contained in this employment application or in the granting of an interview, and no HOA, LLC policies, procedures, or handbooks that I might receive are intended to create an employment contract between HOA, LLC and me for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon HOA, LLC unless made in writing to me by an authorized HOA, LLC representative. I understand that my employment with HOA, LLC is At-Will. I understand that if I am employed by HOA, LLC, I may terminate at any time for any reason and that HOA, LLC retains an identical right.

This application must be completed and signed to be considered. It becomes inactive after three months. If you are not contacted within that time period, you must reapply to be considered.

Signed _____ Date _____

Submit your completed application and resume by email to careers@alliantplans.com
or mail to
Health One Alliance, LLC, Attn: Careers,
1503 N. Tibbs Rd, Dalton, GA 30720

Notice of Non-Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሲያ፣ ወይም አርሲያ የሚገለጹት ስለ Alliant Health Plans ጥያቄዎች ላይ ያለ ምንም ክፍያ በቋንቋዎ አርሲያ ማግኘት መብት አለችዎ። ከአስተርጓሚ ጋር ለማግኘት፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي انودن م لفت غلب هي ووضول ات امولع مل او دوع مل مل اىلع لوجل ايف قحل التي دلف ، Alliant Health Plans من صوب قلعبس ا دوع مل مل صخ ش دل و أئفي دل ن كن ا هي انودن م لفت غلب هي ووضول ات امولع مل او دوع مل مل اىلع لوجل ايف قحل التي دلف . قلعت (800) 811-4793 ب لعت ام جرت م ع م دج تلل . قلعت

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخن لبز هبت اع الطاع وك ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم ردل اوس ، نيكي ك ك و اب اش هكويك لي ، اش رگ ا نعي امن ل ص احس اب . نعي امن ل ص لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (800) 811-4793 (TTY/TDD: (800) 811-4793).