

CORVEL

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability, sex, sexual orientation or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

PERSONAL INFORMATION

NAME _____ DATE _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

HOME PHONE (_____) _____ REFERRED BY _____

EMPLOYMENT DESIRED

Position(s) applied for or type of work desired: _____

Type of employment desired: Full-time Part-time Temporary

Date you can start: _____ Salary or Hourly Rate Desired: _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9.

Have you ever applied at CorVel before? Yes No
 If yes:
 Dates Applied _____
 Office(s) _____
 Position _____

Do you have friends or relatives who work for CorVel? Yes No
 If yes, who and which location? _____

Have you ever worked for CorVel before? Yes No
 If yes, give date(s) and job _____

Can you travel if the job requires it? Yes No

If the job requires it, do you have a car? Yes No

If the position you are seeking requires driving, do you have a valid driver's license? Yes No

Driver's License No./State _____

Can you perform the essential functions of the job with or without reasonable accommodations? Yes No

Are you willing and able to work overtime? Yes No

Have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, discharged, statutorily eradicated or dismissed upon condition of probation?

Yes _____ No Record _____

MASSACHUSETTS, PHILADELPHIA & HAWAII APPLICANTS: DO NOT ANSWER AT THIS TIME

CALIFORNIA APPLICANTS: You may answer "No Record" with respect to any conviction for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial or post-trial diversion program.

CONNECTICUT APPLICANTS: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of “delinquency” or that, as a child, you were a member of a family with service needs, (b) a ruling you are a “youthful offender”, (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an “absolute pardon”. Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

ILLINOIS APPLICANTS: You are not required to reveal any expunged convictions, including expunged juvenile convictions.

NEW YORK APPLICANTS: You are not required to reveal youthful offender adjudications

UTAH APPLICANTS: You may answer “No Record” with respect to any conviction for a misdemeanor or summary offense.

WASHINGTON APPLICANTS: Answer “Yes” only if the conviction or release from imprisonment was within the last ten (10) years, or related to the functions of the position for which you are applying.

Yes No

If you checked “Yes,” please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

Have you ever been discharged or forced to resign?
 Yes No If yes, explain _____

If relevant to the job applying for, what foreign languages do you speak, read and/or write? _____

EDUCATION

SCHOOL NAME AND LOCATION	NO. YEARS COMPLETED	MAJOR/DEGREE
	High School	
	College	
	College	
	Graduate	
	Graduate	
	Trade/Business School	

List job related professional and trade affiliations _____

EMPLOYMENT DATA

Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

1. Employer	Dates (From/To)	Reason For Leaving	
Address	Position	Work Performed	
City State Zip	Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. \$ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Company Phone ()	Supervisor
2. Employer	Dates (From/To)	Reason For Leaving	
Address	Position	Work Performed	
City State Zip	Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. \$ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Company Phone ()	Supervisor
3. Employer	Dates (From/To)	Reason For Leaving	
Address	Position	Work Performed	
City State Zip	Salary <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. \$ <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Company Phone ()	Supervisor
4. Employer	Dates (From/To)	Reason For Leaving	

Address			Position			Work Performed		
City	State	Zip	Salary \$	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk.	<input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Company Phone ()		Supervisor

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YES _____ NO _____
 IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

PROFESSIONAL REFERENCES

1.	_____	_____	(_____)	_____
	Name	Address	Phone	Relationship
2.	_____	_____	(_____)	_____
	Name	Address	Phone	Relationship
3.	_____	_____	(_____)	_____
	Name	Address	Phone	Relationship

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By signing below, I waive my right to receive copies of public records obtained by the Company.

Date

Applicant's signature

MARYLAND APPLICANTS:

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Date

Applicant's signature

MASSACHUSETTS APPLICANTS: Note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

RHODE ISLAND APPLICANTS: The company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication. If my position involves driving a vehicle, I will provide a valid driver's license and insurance certificate.

The protection of confidential business information and trade secrets is vital to the interests and the success of this organization. Such confidential information includes but is not limited to the following examples: Compensation data; Customer lists; Financial information; Marketing strategies; Pending projects and proposals; Technological data; Technological prototypes. Employees who are exposed to confidential information are required to sign a confidentiality/non-solicitation agreement as a condition of employment. Any employee who discloses trade secrets or confidential business information will be subject to disciplinary action (including possible discharge) and legal action, even if he or she does not actually benefit from the disclosed information.

I further understand and agree that if I am offered employment by the Company, it will be on an at-will basis and will not be for any definite period of time. If hired, I agree to abide by all of the lawful rules and regulations of the Company. I understand that at-will employment means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause, and additionally means that, if offered employment, the Company has no obligation to continue my position, pay or benefits. I further understand and agree that only the Company President can enter into an agreement on any other terms and he or she can only do so in writing signed by him or her and the employee in question. I have been given the opportunity to ask questions regarding Company rules and my potential status as an employee-at-will. No representative of CorVel has made any promises or other statements to me which imply that I will be employed under any other terms than stated above.

In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

I have read the above prior to signing this Application.

Signature of Applicant

Date