



Rev. 5/07

## A-STEP APPLICATION

If the **complete** information requested for any specific question appears on your resume provided to Neurocare, simply ignore that specific question. If you need more space for your answers, please attach a separate sheet. Feel free to add any additional information, which will help us in placing you where you are best qualified.

### Personal Information:

Name (first, middle, last) \_\_\_\_\_

Present address (street, city, state, zip code), indicate if not permanent \_\_\_\_\_

Out of state addresses during last 5 years (street, city, state, zip code) \_\_\_\_\_

Telephone number (include area code) \_\_\_\_\_

Social Security number \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

### EDUCATION (include if not on resume)

College/University \_\_\_\_\_ degree \_\_\_\_\_

Graduate courses and degrees \_\_\_\_\_

High School \_\_\_\_\_ Did you graduate? \_\_\_\_\_

If graduation was by GED, list test date: \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS** (organizations, licenses, certifications) \_\_\_\_\_

**SPECIAL SKILLS:** \_\_\_\_\_

### Statement of Purpose:

Tell us about your professional goals and why you chose this program.

### Physical Demands

Students must be able to meet the essential functions of the AASM PSG Trainee (attached).

I am able to meet the physical demands described in the job description \_\_\_\_\_ (initial)

I agree to adhere to all course policies and procedures. Violation could result in removal from the course.

Student Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Neurocare Center for Sleep is an equal opportunity program***

Are you under any obligation to a previous employer, through an employment agreement? ☐ yes ☐ no  
(such as employment restriction, non-compete or continuing obligations) If yes, please produce agreement.

Are you under any obligation to a previous employer, through a confidentiality or invention agreement, or otherwise, restricting your acceptance of employment with a competitive firm? ☐ yes ☐ no

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

**CONFIDENTIALITY AGREEMENT:** Should I become an employee of Neurocare, Inc. or any of its subsidiary or affiliated companies, I agree, in consideration of such employment, that I will not divulge to others or use for my own benefit any confidential information obtained during the course of my employment such as information concerning the particular organization, business or finances of the Company; systems, plans, policies and procedures, data files, research and development information; account information and client lists, marketing plans, surveys and other marketing information; sales, formulas, processes, methods, ideas, clinical trial protocols and information relating to the conduct of the clinical trials and the characteristics of any active pharmaceutical ingredient used in the clinical research trial improvement or inventions belonging to or relating to the affairs of Neurocare or any of its subsidiary or affiliated companies without first obtaining the written permission of Neurocare or of the subsidiary or affiliated company by which I am employed.

I hereby authorize this company or its authorized representatives to verify any and all information contained in this application and to inquire about my ability and qualifications for employment from former employers and others, and I hereby release all concerned from any liability in connection with such information. I authorize Neurocare to perform personal background or credit checks. I understand that my scheduled work hours may vary, I may have to work overtime, and that my job responsibilities may change.

I certify that to the best of my knowledge I have never been involved with a company or group that has been convicted of a crime related to or received a sanction from the Medicare, Medicaid, Title V or Title XX programs. I agree that I have never received penalties, been sanctioned, or excluded by the Medicare, Medicaid and/or other federal and state authorities. I certify that I have not been debarred under the provisions of the Generic Drug Enforcement Act of 1992, 21 U. S. C. § 335a (a) and (b); or disqualified as a clinical investigator under the provisions of 21 C.F.R. § 312.70; or disqualified under any similar laws or regulations in any applicable ex-U.S. jurisdiction. I will notify Neurocare in the event of any such proceeding involving my status.

**I further understand that if hired, my employment at Neurocare shall be “at-will” and for no definite period.**

An employee of Neurocare may terminate the employment relationship at any time, for any reason without further notice and without liability for unearned wages, salary, or benefits. I understand that if I am hired as a Neurocare employee I will be provided worker's compensation insurance for work I perform as a Neurocare employee. I agree not to sue Neurocare, any affiliated organizations, or Neurocare clients for work place injuries that are covered by such worker's compensation insurance.

**I CERTIFY that the answers provided by me herein, and the representations made on my resume, if any, are to the best of my knowledge and belief, true and correct without reservation. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application.** I recognize that falsification or misstatement of information of any kind contained in this application will be considered grounds for termination or non-hire.

As a condition of employment, I agree to sign an agreement restricting me from working for, or with, Company clients or interpreting physicians, or to sign other applicable job specific employment restrictions.

\_\_\_\_\_  
Witness (company interviewer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date