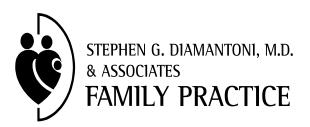


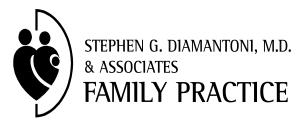
Stephen G. Diamantoni, M.D. & Associates Family Practice, PC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

| PERSONAL: | | | | |
|---------------------|------------------------|---|-----------------------|-------------------------|
| Name | | | Date | |
| Last | First | Middle | | |
| Address | | | | |
| Numl | oer & Street | City | State | Zip Code |
| Position Sought | | Full Time Par | rt Time | |
| Date Available | Salary Desire | ed Phone # | | |
| Email Address | | | | |
| Social Security Num | iber | | | |
| Are you over 18 yea | rs old? Yes No |) | | |
| | | n the United States? Yes ired to provide documentation t | | |
| EDUCATION: Plo | ease indicate educatio | on or training which you believe | qualifies you for the | position you are seekin |
| High School: No. o | of Yrs Completed (cir | rcle one) 1 2 3 4 | | |
| Diploma:Yes _ | _ No G.E.D. : | Yes No | | |
| School(s) | | C | ity/State | |
| College and/or Vo | ocational School: | | | |



Number of Years Completed (circle one) 1 2 3 4

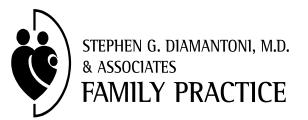
| School(s) | City/State | |
|-------------------------------|---|----|
| Major Degrees Earned | | |
| Other Training or | r Degrees: | |
| School(s) | City/State | |
| Course | Degree or Certificate Earned | |
| PROFESSIONAL | L LICENSE OR MEMBERSHIP: | |
| Type of License(s) | Held | |
| State of [State Nam | ne] License Number | |
| License Expiration | Date | |
| Other Professional | Memberships | |
| | close membership in professional organizations that may reveal information regarding race, color, creed, serigin, ancestry, age, disability, marital status, veteran status or any other protected status.) | Κ, |
| | This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application. | |
| | | |
| SKILLS: Office: Typing | wpm. | |
| Microsoft Wo | ordExcelPowerpointMicrosoft OutlookEHRScanning | |
| Other Software S | Skills | |
| Have you ever be No | een employed in any facility of Stephen G. Diamantoni, M.D. & Associates Family Practice?Yes | |
| If so, please state | facility name and location and dates of employment | |



| Do you have any learning disability? (you may be asked for medical documentation)explain, | YES | NO If ye |
|---|-----------|-------------------|
| | | |
| Are you willing to travel our 5 locations, if neededYESNO | | |
| Have you ever worked of SGD & Associates before?YESNO | | |
| Has any member of your family worked for SGD& Associates?YES NO | | |
| Are you currently or actively engaged in any litigation?YES NO if yes explain, | | |
| | | |
| | | |
| RECORD OF CONVICTION: | | |
| During the last ten years, have you ever been convicted of a crime other than minor traffic of Yes No | fense? | |
| If yes, explain: | | |
| (A conviction will not necessarily automatically disqualify you for employment. Rather, such f conviction, seriousness and nature of the crime, and rehabilitation will be considered). | actors as | s age and date of |
| EMPLOYMENT: List last employer first, including U.S. Military Service. | | |
| May we contact your present employer? Yes No | | |
| If any employment was under a different name, indicate name | | |
| Employer Address | | |
| Telephone Position | | |
| Dates of Employment: From To Mo/Yr Mo/Yr | | |
| Salary Supervisor Department | | |

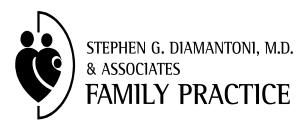


| Duties | FT PT No. of H | rs |
|--------------------------------|----------------|--------------------|
| Reason for Leaving | | |
| | | |
| Employer | Address | |
| Telephone | Position | |
| Dates of Employment: FromMo/Yr | To Mo/Yr | |
| Salary Supervisor | Department | _ |
| Duties | | _FT PT No. of Hrs |
| Reason for Leaving | | |
| | | |
| Employer | Address | |
| Telephone Position | | _ |
| Dates of Employment: FromMo/Yr | То | |
| Mo/Yr | Mo/Yr | |
| Salary Supervisor | Department | |
| Duties | | _ FT PT No. of Hrs |
| Reason for Leaving | | |
| | | |
| Employer | Address | |
| Telephone Position | | _ |
| Dates of Employment: FromMo/Yr | To Mo/Yr | - |
| SalarySupervisor | Departm | ent |
| Duties | | _FT PT No. of Hrs |
| Reason for Leaving | | |

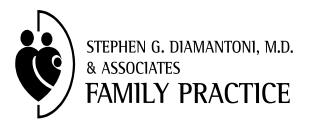


| If you wish to describe additional work experience, attach the above information for each position on a separate paper. | piece of |
|---|----------|
| Explain any gaps in work history: | |
| Have you ever been discharged or asked to resign from a job?YesNo | |
| If yes, explain: | |

| Professional | Personal |
|--------------|----------|
| Name | Name |
| Address | Address |
| | |
| Phone () | Phone () |
| Email | Email |
| Name | Name |
| Address | Address |
| | |
| Email | Email |



| REFERENCES: | Phone () | Phone () | |
|-------------|----------|----------|--|
|-------------|----------|----------|--|



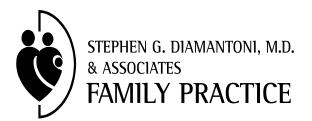
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Stephen G. Diamantoni, M.D. & Associates Family Practice to verify their accuracy and to obtain reference information on my work performance. I hereby release Stephen G. Diamantoni, M.D. & Associates Family Practice from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

| O: C A 1: | _ | |
|------------------------|-------|--|
| Signature of Applicant | Data: | |
| Signature of Applicant | Date: | |
| | | |



APPLICANT RELEASE STATEMENT

I understand that employment with Diamantoni and Associates is contingent upon satisfactory background check as required by Pennsylvania State Law.

I authorize Stephen G. Diamantoni and Associates to contact present and previous employers; check with the Child Abuse Registry; and check with the Adult Abuse Registry as required by the provisions of Pennsylvania State Law.

I acknowledge that any offer of employment or continuation of employment may be denied based on a review of my work history, which uncovers any of the following:

- Incidents involving violent behavior or threats of violence
- Incidents involving abuse of patients/clients/employees/children
- Incidents involving negligence/neglect of patients/clients/employees/children

I acknowledge that my offer of employment is contingent upon the information received from previous employers as mandated by Pennsylvania State Law.

I release Diamantoni and Associates, present and past employers, and all persons whomsoever you have designated as a reference on your behalf.

I hereby give permission to Diamantoni and Associates to obtain information about my professional education, experience, training, competence, ethics, character and other qualifications. I consent to release of such information in the form of transcripts, evaluations, records, letters, photocopies, or verbal statements from those references you have given or other individuals who possess information about me. Such information may be released to Diamantoni and Associates and or its affiliates or representatives.

| Name (printed) | |
|----------------|------|
| | |
| Signature | Date |

