



I, _____, give my consent to Healthy Connections, Inc. to have a criminal background check conducted as a requirement for employment with them.

Signature: _____ Date: _____

Social Security Number: _____

Date of Birth: _____

I, _____, give my consent to Healthy Connections, Inc. to run a debarment/suspension report using my name and any aliases. I understand that any results found on this report will exempt me from employment with Healthy Connections due to Federal Grant requirements.

Signed: _____ Date: _____

Aliases (Maiden Name): _____

I, _____, give my consent to Healthy Connections, Inc. to check any license I possess containing to the position for which I am applying. I understand that any results found on this report may exempt me from employment with Healthy Connections due to Federal requirements.

Signed: _____ Date: _____

License number: _____

Under the Fair Credit Reporting Act (FCRA), individuals have a right to request a copy of the information contained on the summary report of his/her license. Please make requests directly to the CFO.

ARTICLE X – CONFLICT OF INTEREST

Section 1. Abstention From Discussion or Voting --- No member of the Board or a committee of HCI shall discuss or vote on any matter, which would involve a conflict of interest on the part of the Director.

Section 2. Announcing Conflict of Interest --- Whenever a Director or committee member has cause to believe that a matter to be voted upon would involve him/her in a conflict of interest; he/she shall announce the conflict of interest and shall abstain from discussion or voting on such a matter.

Section 3. Possible Conflict of Interest --- Whenever a Director or committee member has cause to believe that a matter to be voted upon would involve him/her in a possible conflict of interest, he/she shall announce such possible conflict of interest and the question of whether an actual conflict of interest exists shall be decided by a majority of the Directors or committee members present, excluding the Director announcing the possible conflict of interest and excluding any other Director present who have already been disqualified from discussion or voting on the issue because of their own conflict of interest.

Section 4. Other Persons --- Any other person may raise the question of conflict or possible conflict of interest with respect to any Director and the question so raised shall be decided in the same manner as if the Director himself/herself had announced the conflict of interest or possible conflict of interest.

Section 5. Removal From Meeting Room --- Whenever a conflict of interest is found to exist with respect to any Director, such Director shall physically remove himself/herself from the meeting room while that item in which he/she has a conflict of interest is being discussed or voted on.

Section 6. Director Doing Business with HCI --- No Director shall be a paid employee of, or do business with, HCI. Provided, that in the event that a Director announces the conflict of interest and the Board determines in an open meeting that there is sufficient reason for HCI to do business with a Director, such as the Director being the sole source or supply for goods or services, such business may be transacted pursuant to a written contract covering such business transaction. In the event that any other person shall offer to provide goods or services to HCI which are being obtained from a Director pursuant to this section at a price equal to or lower than that charged by the Director, HCI shall do business with such person and cease to do business with such Director.

Section 7. Corporate Conflict of Interest --- For purposes of determining conflict of interest any corporation in which a director, or the director and member of his immediate family, own majority interest shall be considered in the same manner as an individual director.

Healthy Connections, Inc.
REFERENCE RELEASE FORM

Applicant Name

Social Security Number

The above named applicant is being considered for employment with *Healthy Connections, Inc.* and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. **Please return this form via fax to 479-243-0285.** Thank you for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract or prospective economic advantage, and negligence I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature

Date

Witness Signature

Record of Employment

Former Employer: _____

Position Held: _____ Dates Employed : _____

Summary of Essential Duties: _____

Reason for Leaving: _____

Salary at Termination: _____ Eligible for Rehire? [] Yes [] No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Employer's Signature

Title

Date