





**Please Read and Sign Below**

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time, and if terminated the employer is liable only for wages earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

**Signature.....**

**Date.....**

**Authorization for reference requests (sign below)**

I have applied with Pivotal Health Solutions, Inc. for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.

**Applicants Signature.....**

**Date.....**

**Pivotal Health Solutions, Inc., in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability, or any other protected class.**

**Pivotal Health Solutions, Inc. recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.**