



Claim Net™

# EMPLOYMENT APPLICATION PACKET

For Office Use Only

Position	Area	Employee

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Available For: Day Swing Evening  
Weekend Hours

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Other name(s) under which employment records are kept \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel. No.( \_\_\_\_\_ ) Pager/Msg. No.( \_\_\_\_\_ )

Other counties in which you have lived in the last 7 year \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date (mm/dd/yy) \_\_\_\_\_

Birth Date (Month and Day ONLY) : \_\_\_\_\_ / \_\_\_\_\_ Hourly Salary Desired: \_\_\_\_\_

Have you worked on temporary assignments before? No Yes If yes, please use space provided on the reverse side to list temporary assignments. List the temporary agency you worked for on the work history below.

Beginning with your most recent employer, list all past employers, including temporary agencies or self-employment. Use a separate sheet if necessary. Explain all employment gaps. Enclose a resume with application but DO NOT SUBSTITUTE A RESUME in place of the following section. If currently employed, indicate if we may contact employer.

If currently employed: ok to contact: (circle one) Yes No		FROM MO/YR	WORK HANDLED _____ SUPERVISOR _____ REASON FOR LEAVING _____ ENDING SALARY: \$ _____ per _____
EMPLOYERS NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE ( _____ )	TO MO/YR	FROM MO/YR	WORK HANDLED _____ SUPERVISOR _____ REASON FOR LEAVING _____ ENDING SALARY: \$ _____ per _____
EMPLOYERS NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE ( _____ )	TO MO/YR	FROM MO/YR	WORK HANDLED _____ SUPERVISOR _____ REASON FOR LEAVING _____ ENDING SALARY: \$ _____ per _____
EMPLOYERS NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE ( _____ )	TO MO/YR	FROM MO/YR	WORK HANDLED _____ SUPERVISOR _____ REASON FOR LEAVING _____ ENDING SALARY: \$ _____ per _____

Person to contact in an Emergency: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been convicted of a criminal offense? No Yes If yes state the nature of the crime(s), when and where convicted, and disposition of the case(s): (a criminal conviction will not necessarily disqualify you from employment)

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Have you ever applied at or been employed by Claim Net? No Yes If yes, when?\_\_

How were you referred to Claim Net? College Newspaper Ad Trade Ad Other \_\_\_\_\_

**EDUCATION & TRAINING:**

Highest degree earned:\_\_\_\_\_ College Name: \_\_\_\_\_ Major \_\_\_\_\_

List professional organizations you belong to: \_\_\_\_

Professional training classes completed:\_\_\_\_\_

Current Certificates or Licences (please enclose a copy)\_\_\_\_\_

Other Languages spoken:\_\_\_\_\_

**REFERENCES:** List 3 or 4 people who can speak on the quality of your claims handling abilities (please include past supervisors or managers, and, if applicable, defense attorneys who have worked your litigated files) **DO NOT LIST PERSONAL REFERENCES OR FAMILY MEMBERS**

Name	Firm	Day Time Phone Number*
		( )
		( )
		( )
		( )

\*You must include contact phones numbers for all references. Please verify the reference can be reached at the phone number provided.

**TEMPORARY ASSIGNMENTS:** Please list all companies you have worked for on a temporary basis. Use additional sheets if necessary. Please list the temporary agency on the front of the application.

Company/City/State	Dates Worked	Job Title/Position
		Position:_____ Supervisor:_____
		Position:_____ Supervisor:_____
		Position:_____ Supervisor:_____
		Position:_____ Supervisor:_____

**DRUG FREE WORKPLACE POLICY**

Claim Net has always maintained a strong commitment to provide a safe, healthy, efficient, and productive work environment. The Company wishes to ensure that employees will perform their duties safely and efficiently in a manner that protects their interests and those of their co-workers. The Company also desires to promote efficiency in the workplace and to provide the highest quality services. In keeping with this commitment, the Company has a strict policy

regarding the inappropriate use and possession of drugs and alcohol. This policy recognizes that employee involvement with alcohol or drugs can adversely affect the quality of work and the performance of employees, pose serious safety and health risks to the user and others. Accordingly, the Company requires all employees to report for work fit to perform their jobs.

Claim Net policy prohibits the **use, possession, manufacture, distribution, sales, purchase, or being impaired by or being under the influence of any illegal drugs or alcohol while at work or while on Company premises or while operating Company vehicles.** In addition, **no employee or worker may report for work, or remain on duty while under the influence of or impaired by any illegal drug or alcohol.** Claim Net wants to emphasize that possession of drugs or alcohol is prohibited whether or not it is determined that the employee also used such substances. A violation of any part of this policy will result in disciplinary action, up to and possibly including removal from assignment and termination of employment.

#### PRESCRIPTION DRUGS

If an employee is on medically-prescribed medication, it is the employee's responsibility to advise his supervisor of this fact before he reports to work. If you cannot perform the essential functions of your job satisfactorily, even with reasonable accommodation, because you are taking prescribed medications, the Company may require you to take a leave of absence until you are able to perform your job safely and efficiently.

#### TESTING

If an employee's supervisor or other company superior has reasonable suspicion to believe that the employee possesses or is under the influence of drugs and/or alcohol and that such use or influence may adversely affect the employee's job performance, or safety, or that of their co-workers; alcohol and/or drug screening may be ordered. This suspicion must be based on objective symptoms, such as factors related to the employee's appearance, behavior, speech and/or other facts. Testing may be required if an employee is found to be in possession of physical evidence, i.e., drugs, alcohol or paraphernalia, possibly connected with the use of an illicit drug; also if illicit drugs and/or alcohol are found in the employee's immediate work area. Unemployment Insurance benefits may be denied if a discharged worker receives a positive test result, the worker agreed to the test, and the test was scientifically accurate.

#### REHABILITATION PROGRAM

An employee volunteering to enter an alcohol or drug rehabilitation program approved by Claim Net, will be given reasonable job accommodation while participating in the program. The cost of such rehabilitation programs will be borne completely by the employee. If an employee is enrolled in a company approved rehabilitation program and drops out of the program before completion or fails to control or solve the problem within three months after the start of the rehabilitation program, the employee will be terminated.

#### FEDERAL DRUG FREE WORKPLACE ACT OF 1988

Some employees and/or independent contractors may be working at sites covered by this federal act. They must abide by all the above terms of this program. In addition, each employee and/or worker must notify Claim Net of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction.

If any part of this policy is not clear, please call your Service Coordinator at Claim Net. The policy is in effect from the date of your signature and/or your first day on assignment until your resignation or termination of employment from Claim Net. Please read this policy carefully, sign the acknowledgment below. A copy will be returned to you upon the start of your employment or assignment.

I, \_\_\_\_\_, hereby acknowledge that I have read and understand all parts of the Claim Net Drug-Free Workplace Policy. I understand this policy becomes effective on the date signed below.

\_\_\_\_\_

(signature)

(date)

#### TIME SHEET GUIDELINES

1. Please fill out the time sheet completely. Record arrival and departure time and then subtract lunch time. Record only hours actually worked. Do not include PDO hours with regular hours - use the separate PDO request form.
2. A time sheet that is signed by both you and the client should be mailed to us every Friday. If you expect to work the weekend, make sure to send your time sheet in as soon as possible. **If your hours worked are not received by 4:00 p.m. on Tuesday; by mail, fax or voice mail, a check will not be processed until the following pay period. Claim Net will mail paychecks only after a time sheet signed by both the client and the employee is received.**

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- 3. The pay period ends on Sunday. Payroll processing, check generation and mailing takes place during the week following the close of the pay period. Paychecks are issued every Friday unless hours are not received by 4:00 pm Tuesday. Hours received after 4:00 pm Tuesday will be processed with any hours in the following pay period.
- 4. Claim Net has a "call in hours" voice mail system. To call in your hours, call 800-552-5246, press "5" at the main message and follow the program prompts. Remember to also send in your time sheet.

It is your responsibility. Not the clients, to make sure your time sheet is signed and mailed/faxed by the end of the week. It is CRUCIAL that you r fax/mail us the time sheet before Tuesday in order for us to process payroll promptly.

<i>For Office Use Only</i>		
Company _____		
Employee Name _____		
Social Security # _____ - _____ - _____		
Dates of employment: from: _____ to: _____		
Position held or Title: _____ Eligible for rehire: Yes    No		
Beginning Salary _____ Ending Salary _____		
Reason for leaving: _____		
_____	_____	_____
Date	Title or position	Signature

I hereby affirm that my answers to the foregoing questions are true and correct. I understand that any false statements, misrepresentation, or omission on this application may result in my discharge, regardless of the time elapsed before discovery.

I authorize Claim Net, Inc., and/or a Claim Net, Inc. appointed investigative agency, to thoroughly investigate my references, work record, education, former employers, credit reporting agencies, DMV, and any others with whom you desire to communicate, and agree to release and hold such persons harmless with respect to any information they may give.

Any controversy or claim arising out of or related to the submission of this application shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgement upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

I understand that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between me and Claim Net, Inc. I understand that if employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or of Claim Net, Inc., and that no promises or representations contrary to the forgoing are binding on the company unless made in writing and signed by me and the Chief Executive Officer of Claim Net, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_





Claim Net®

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT (PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize Claim Net Inc by and through its independent contractor, CHOICEPOINT, INC. (CHOICEPOINT) located at 2001 Airport Road #201, Jackson, MS 39232 to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to CHOICEPOINT, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. and Cal. Civ. Code §1786.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Claim Net Inc by and through CHOICEPOINT, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Claim Net Inc, CHOICEPOINT and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Notice/Authorization/Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_
First Middle Last

Other Names Used (alias, maiden, nickname) \_\_\_\_\_ YEARS USED \_\_\_\_\_

Current Address: \_\_\_\_\_
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Gender\* \_\_\_\_\_

- Have you ever been sanctioned or had your licenses suspended or revoked? Yes \_\_\_ No \_\_\_
Are you currently under any investigation or pending charge? Yes \_\_\_ No \_\_\_
Please provide me with a copy of my background investigation report. Yes [ ] No [ ]

\* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

# Form W-4 (2003)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2003 expires February 16, 2004. See **Pub. 505**, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919**, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

**Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: } 

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
 . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)**

**G Child Tax Credit** (including additional child tax credit):

- If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus **1 additional** if you have three to five eligible children or **2 additional** if you have six or more eligible children.
- If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. **Note: This may be different from the number of exemptions you claim on your tax return.** **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply. } 

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► <b>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</b></p>	OMB No. 1545-0010 <span style="font-size: 2em; font-weight: bold;">2003</span>
1 Type or print your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</b>	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2003, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ►		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ►		
Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2003 tax return.

- 1 Enter an estimate of your 2003 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2003, you may have to reduce your itemized deductions if your income is over \$139,500 (\$69,750 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$7,950 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,000 \text{ if head of household} \\ \$4,750 \text{ if single} \\ \$3,975 \text{ if married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2003 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. Include any amount for credits from **Worksheet 7** in Pub. 919 . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2003 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earner/Two-Job Worksheet**

**Note:** Use this worksheet **only** if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **lowest** paying job and enter it here . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **highest** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2003. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2002. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000 . . . . .	0	44,001 - 50,000 . . . . .	8	\$0 - \$6,000 . . . . .	0	75,001 - 100,000 . . . . .	8
4,001 - 9,000 . . . . .	1	50,001 - 60,000 . . . . .	9	6,001 - 11,000 . . . . .	1	100,001 - 110,000 . . . . .	9
9,001 - 15,000 . . . . .	2	60,001 - 70,000 . . . . .	10	11,001 - 18,000 . . . . .	2	110,001 and over . . . . .	10
15,001 - 20,000 . . . . .	3	70,001 - 90,000 . . . . .	11	18,001 - 25,000 . . . . .	3		
20,001 - 25,000 . . . . .	4	90,001 - 100,000 . . . . .	12	25,001 - 29,000 . . . . .	4		
25,001 - 33,000 . . . . .	5	100,001 - 115,000 . . . . .	13	29,001 - 40,000 . . . . .	5		
33,001 - 38,000 . . . . .	6	115,001 - 125,000 . . . . .	14	40,001 - 55,000 . . . . .	6		
38,001 - 44,000 . . . . .	7	125,001 and over . . . . .	15	55,001 - 75,000 . . . . .	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000 . . . . .	\$450	\$0 - \$30,000 . . . . .	\$450
50,001 - 100,000 . . . . .	800	30,001 - 70,000 . . . . .	800
100,001 - 150,000 . . . . .	900	70,001 - 140,000 . . . . .	900
150,001 - 270,000 . . . . .	1,050	140,001 - 300,000 . . . . .	1,050
270,001 and over . . . . .	1,200	300,001 and over . . . . .	1,200

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties.** Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the tax form to this address. Instead, give it to your employer.





Claim Net®

Position MP	Area
----------------	------

Claim Net, Inc  
800-552-5246

**MEDICAL PROCESSOR SKILL SHEET**

*Please return completed form with your application to Claim Net*

Name \_\_\_\_\_

Areas of Strength \_\_\_\_\_ Total Yrs Exp \_\_\_\_\_

Check computer systems designed for medical processing with which you have worked:

- |                               |                                   |                                 |                                     |                                    |                               |
|-------------------------------|-----------------------------------|---------------------------------|-------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> RIMS | <input type="checkbox"/> FACTS    | <input type="checkbox"/> ERISCO | <input type="checkbox"/> EZ-CAP     | <input type="checkbox"/> ILIAD     | <input type="checkbox"/> NYCE |
| <input type="checkbox"/> MHC  | <input type="checkbox"/> MHS      | <input type="checkbox"/> AS4OO  | <input type="checkbox"/> Luminex    | <input type="checkbox"/> DISC/HCPS | <input type="checkbox"/> WLT  |
| <input type="checkbox"/> CAS  | <input type="checkbox"/> Eldorado | <input type="checkbox"/> CAS    | <input type="checkbox"/> ProcessorI | <input type="checkbox"/> ProClaim  | <input type="checkbox"/> CPS  |

On your most recent position:

What was your claims production per day? \_\_\_\_\_ Error Ratio? \_\_\_\_\_

Did you meet or exceed the company standard for production/error ratio? \_\_\_\_\_

**POSITIONS HELD:**

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Manager              | <input type="checkbox"/> Data Entry Clerk  | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Supervisor           | <input type="checkbox"/> Medical Biller    | <input type="checkbox"/> Auditor    |
| <input type="checkbox"/> Team Leader          | <input type="checkbox"/> Medical Collector |                                     |
| <input type="checkbox"/> Medical Processor    | <input type="checkbox"/> RN                |                                     |
| <input type="checkbox"/> Customer Service Rep | <input type="checkbox"/> Other             |                                     |

**SPECIFIC KNOWLEDGE:**

*(please check only those areas in which you have worked in the last 3 years and are qualified to work competently)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Long Term Disability  | <input type="checkbox"/> Vision claims            |
| <input type="checkbox"/> ADA codes         | <input type="checkbox"/> Manual processing     | <input type="checkbox"/> Other skills not listed: |
| <input type="checkbox"/> Auditor           | <input type="checkbox"/> Medicare HMO          |   |
| <input type="checkbox"/> Bill Review       | <input type="checkbox"/> Medicare Supplements  | <b>Computer Experience:</b>                       |
| <input type="checkbox"/> Billing           | <input type="checkbox"/> Member Services       | <input type="checkbox"/> Windows 2000/XP          |
| <input type="checkbox"/> CA Fee Schedule   | <input type="checkbox"/> POS/EPO Claims        | <input type="checkbox"/> Windows 95/98            |
| <input type="checkbox"/> Champus           | <input type="checkbox"/> Public Entity         | <input type="checkbox"/> MS Excel                 |
| <input type="checkbox"/> COB               | <input type="checkbox"/> PPO claims            | <input type="checkbox"/> MS Word                  |
| <input type="checkbox"/> COBRA             | <input type="checkbox"/> Psychiatric claims    | <input type="checkbox"/> WordPerfect              |
| <input type="checkbox"/> CPT Codes         | <input type="checkbox"/> RBRVS/RVS Codes       | <input type="checkbox"/> Ten Key by Touch         |
| <input type="checkbox"/> Collections       | <input type="checkbox"/> Repricing             |   |
| <input type="checkbox"/> Customer Service  | <input type="checkbox"/> Reinsurance Exp       | Typing Speed _____                                |
| <input type="checkbox"/> Dental Claims     | <input type="checkbox"/> RX                    | Keystrokes _____                                  |
| <input type="checkbox"/> DRG               | <input type="checkbox"/> Stop Loss             |   |
| <input type="checkbox"/> HMO claims        | <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Bilingual: _____         |
| <input type="checkbox"/> IPA/HMO claims    | <input type="checkbox"/> Travel Team member    |   |
| <input type="checkbox"/> ICD-9 Codes       | <input type="checkbox"/> Underwriter           |   |
| <input type="checkbox"/> Life claims       | <input type="checkbox"/> Utilization Review    |   |

# Medical Examiner/Processor Quiz

1. Please define the following acronyms:

CPT: \_\_\_\_\_

COB: \_\_\_\_\_

HMO: \_\_\_\_\_

PPO: \_\_\_\_\_

2. What is the difference between Medicare part A verses Medicare part B?

\_\_\_\_\_  
\_\_\_\_\_

3. What is an ICD-9 code? \_\_\_\_\_

4. Give the description of the following ICD-9 codes

401.9 \_\_\_\_\_

382.9 \_\_\_\_\_

462.9 \_\_\_\_\_

784.9 \_\_\_\_\_

845.9 \_\_\_\_\_

5. What does a Modifier 80 stand for? \_\_\_\_\_

6. What does a Modifier 51 stand for? \_\_\_\_\_

7. Match the description with the CPT code:

____ Pathology & Lab	A. 99100-99140
____ Surgery	B. 90701-99199
____ Medicine (except Anesthesiology)	C. 80002-89399
____ Radiology	D. 10040-69979
____ Evaluations & Management	E. 70010-79999
____ Anesthesiology	F. 99201-99499

8. Define the following in laymen terms:

Hypertension \_\_\_\_\_

Otitis Media \_\_\_\_\_

Pharyngitis \_\_\_\_\_

*Thank you!*  
*Please return with your application.*