



Legacy Personnel, Inc.

Provider Handbook Acknowledgement Form



1680 Civic Center Dr, Santa Clara, CA 95050, USA

September 15, 2023

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I acknowledge that I have received a copy of Legacy Personnel, Inc. Provider Handbook. I acknowledge that I have been informed that the complete Legacy Personnel, Inc. employee handbook is available at www.legacypersonnel.com. I understand that in processing my application with Legacy Personnel, Inc., an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job-related data provided on this application or via the interview process. I authorize appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Legacy Personnel, Inc. from any liability.

I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

If employed, I further authorize Legacy Personnel, Inc. to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Legacy Personnel, Inc. authorization to release confidential medical information upon the request from Legacy Personnel, Inc. clients while I am actively working at the client's facility and/or during the profiling and placement processes.

I understand that Legacy Personnel, Inc.'s goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Legacy Personnel, Inc. or the service provided by one of Legacy Personnel, Inc. Clients, I am encouraged to contact the local manager to discuss the issue. Legacy Personnel, Inc. has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the Legacy Personnel, Inc. corporate office at (877)-850-5132. A corporate representative will work with me to resolve my concern.

I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by Legacy Personnel, Inc. healthcare professionals, which has not been addressed by Legacy Personnel, Inc. management, is encouraged to contact the Joint Commission at www.jointcommission.org. Legacy Personnel, Inc. demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

I have read and understand Legacy Personnel, Inc. policies and my requirements as a Legacy Personnel, Inc. employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the Legacy Personnel, Inc. office to discuss.

Provider Name and Signature

Date