

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle Initial Social Security No. _____

Present address _____
Street Telephone No. _____

City _____ State _____ Zip _____

Permanent Address (if different from Present Address) _____
Street Telephone No. _____

City _____ State _____ Zip _____

Position(s) applied for _____ Rate of pay expected \$ _____

Would you work Full-Time Yes No Part-Time Yes No Specify days and hours if part time _____

List Volunteer or Community Service Positions (work) which you feel are related to the position for which you are applying: _____

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying.

Were you previously employed by us? Yes No If yes, when? _____

List any friends or relatives working for us _____
Name Relationship

Name Relationship

Have you ever been convicted of a crime? Yes No (Note: Conviction of a criminal offense will not necessarily preclude your employment.)

If yes, describe in full: _____

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Person to be notified in case of accident or emergency

Name _____ Relationship _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study or Major Field	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From / / To / / Rank at Discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

PERSONAL REFERENCES (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

EMPLOYMENT RECORD
(List All Present and Past Positions, Beginning with Most Recent)

	Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Ending Salary	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
1.									
2.									
3.									
4.									
5.									
6.									

Have you ever been bonded? Yes No If yes, on what jobs? _____
 May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact _____

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date

APPLICANT - Do NOT Write on This Page

FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECK

Position No. on Page 3	RESULTS OF REFERENCE CHECK	Position No. on Page 3	RESULTS OF REFERENCE CHECK
1		4	
2		5	
3		6	

DISPOSITION

UNDER CONSIDERATION		EMPLOYED: <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME		
Possible Work Location(s)	Possible Position(s)	Location & Position	Wage Rate	Date

CASS COUNTY MEDICAL CARE FACILITY

Date:

Attn:

FAX:

Company:

Phone:

RE:

SS#: _____

The above named individual has applied for a position with this Facility. The applicant stated that his/her dates of employment were _____. Please complete the following at the applicant's request:

Applicant Signature _____

Date: _____

All dates of employment _____ Position _____

	Excellent	Good	Fair	Poor
Attendance, punctuality	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____
Quantity of work	_____	_____	_____	_____
Cooperation, teamwork	_____	_____	_____	_____
Reliability, trustworthiness	_____	_____	_____	_____
Eligible for re-hire?	_____			

Comments _____

Signature: _____ Title: _____

Sincerely,

Human Resources



CASS COUNTY MEDICAL CARE FACILITY

EMPLOYMENT APPLICATION ATTACHMENT

The facility shall make appropriate inquiries to the State Nurse Aide Registry or the licensing authorities, check all references, and make reasonable efforts to uncover information about any past criminal convictions involving abuse, neglect or mistreatment of persons in a health care setting.

1. Have you ever been convicted of a crime? _____ If so, please indicate the nature of the offense and when it occurred: _____
2. Are there any felony charges pending against you? ___ If so, please indicate the nature of the charges and when they occurred: _____
3. Have you ever abused, neglected or mistreated a resident of a health care facility or misappropriated their property? ___ If so, please indicate the nature of the incident: _____
4. Are you currently certified by the State of Michigan in a health care related occupation? _____ If so, please indicate the type of certification and its current status: _____
5. Have you ever been certified by any other state in a health care related occupation? ___ If so, please indicate the type of certification and its current status: _____

I understand that it is Cass County Medical Care Facility's policy to secure information from the appropriate references and agency/agencies. Should the background investigation disclose any misinterpretation on the application form or any information that I have been found guilty of abusing, neglecting or mistreating individuals by a court of law; or have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of residents or misappropriation of the property, I understand that I will not be hired, or if already employed, terminated.

Signature of Prospective Employee

Date



Cass County Medical Care Facility

Travel Statement

Please check and complete all that apply:

Yes, I have traveled outside the United States within the last 30 days.

Which country? _____

No, I have not traveled outside the United States within the last 30 days.

Yes, I have been exposed to someone who traveled outside the United States within the last 30 days.

Which country? _____

No, I have not been exposed to someone who traveled outside the United States within the last 30 days.

Your printed name: _____

Your signature: _____



WORKFORCE BACKGROUND CHECK CONSENT AND DISCLOSURE

MCL 333.20173a, MCL 330.1134a, and MCL 440.734b require that a health facility/agency that is a:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- adult foster care facility (AFC)
- hospital that provides swing bed services
- home for the aged
- home health agency
- hospice

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility/agency or AFC until the health facility/agency or AFC conducts a fingerprint-based criminal history check.

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health care facility/agency or AFC and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health care facility/agency or AFC to conduct a criminal history check, including a state and Federal Bureau of Investigation (FBI) fingerprint-based check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

NOTE: Throughout this form:

- "Employee" includes persons independently contracted with and/or those granted clinical privileges.
- Clinical privileges do not apply to adult foster care facilities.

Health Facility or Agency

Licensee Name: _____ Date: _____

Employment Applicant Name: _____

Facility Name/License Number: _____

The health facility/agency or AFC:

- a. May not knowingly employ a direct access worker who has been convicted of a disqualifying crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* "Direct access" means regular access to a patient or resident, or to a patient's or resident's property, financial information, medical records, treatment information, or any other identifying information.
- b. May terminate the background check or decide not to hire the individual at any stage of the process.
- c. Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability for employment in a long-term care setting.
- d. Must retain verification of compliance with background check requirements.
- e. Will make the final employment decision.

* This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or Adult Protective Services Act.



Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for employment:

- a. I hereby consent to and authorize the health facility/agency or AFC to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a fingerprint-based search of state and federal criminal history records. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Licensing and Regulatory Affairs, Human Services, and State Police.
- b. I hereby authorize the release of any relevant information to the health facility/agency or AFC to be used to conduct the background check as required under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b.
- c. I understand, except for a knowing or intentional release of false information, the health facility/agency or AFC has no liability in connection with a background check conducted under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b or the release of criminal history record information for the purposes of making an employment decision.
- d. I understand that the health facility/agency or AFC will make the final employment determination. I also understand that the health facility/agency or AFC may terminate the background check or decide not to hire me at any stage of the process.
- e. I understand that the health facility/agency or AFC, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.
- f. I agree to provide the information necessary to conduct a criminal background check.

Signature of Applicant

Date

Part 2 – This employment applicant information is required to process a complete and accurate criminal record check.

EMPLOYEE PERSONAL INFORMATION

First Name:
Middle Name:
Last Name: Suffix:

OTHER NAME (S) USED (MAIDEN NAME, ALIAS)

First Name:
Middle Name:
Last Name: Suffix:
Date of Birth: Country of Citizenship:

Place of Birth (City, State/Province):

Height: Weight: Hair Color: Eye Color: Gender: Female Male
Race: Asian Black Hispanic Native American Pacific Islander White All

Social Security Number:

ADDRESS

Street Address:
City: State: Zip Code: County:

Phone Number:

Job Title: Conditional Hire Date:

RESIDENCY

Driver's License or State/Canadian ID Number: State/Prov. License/ID Number

Has this employment applicant resided in Michigan continuously for the past 12 months? YES NO

PROFESSIONAL LICENSE(S) /CERTIFICATION(S)

1. License/Certification Number:
2. License/Certification Number:
3. License/Certification Number:



Part 3 – Employment Applicant Disclosure Statements

The following convictions and/or findings may disqualify you from working in a long-term care facility/agency or AFC. "Conviction" includes any plea of guilty or nolo contendere (no contest), including cases that resulted in a deferred sentence or delayed sentence.

- a. **Relevant Crime Described under 42 USC 1320a-7** – The crimes include patient abuse, health care fraud, and any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- b. **Felony** – Any felony, or an attempt or conspiracy to commit any felony.
- c. **Misdemeanor** - Any state or federal crime that is substantially similar to the misdemeanors described below:
 - Any misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
 - Any misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
 - Any misdemeanor involving criminal sexual conduct.
 - Any misdemeanor involving abuse or neglect, torture, or cruelty.
 - Any misdemeanor involving home invasion.
 - Any misdemeanor involving embezzlement, larceny, fraud, theft or second or third degree retail fraud.
 - Any misdemeanor involving negligent homicide.
 - Any misdemeanor involving the possession, use or delivery of a controlled substance.
 - Any misdemeanor involving the creation, delivery, or possession with intent to manufacture or deliver a controlled substance.
- d. **Any finding of Not Guilty by Reason of Insanity**
- e. **A substantiated finding of patient or resident neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r***

Listed below are all offenses that I have been convicted of, including all terms and conditions of sentencing, parole and probation, and/or a substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

I certify that I have no convictions or other actions that would disqualify me from employment and I certify that the above statements are correct and complete to the best of my knowledge.

_____ Signature of Applicant

_____ Date

Part 4 – Conditional Employment

If the health facility/agency or AFC determines it necessary to employ me pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check reveals disqualifying information my employment will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property, I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than \$500.00.
- c. I understand that as a condition of continued employment, I am required to report in writing to the health facility/agency or AFC immediately upon being arraigned on a felony charge or convicted of one or more of the criminal offenses as described in MCL 333.20173a, MCL 330.1134a, and MCL 440.734b, or upon becoming the subject of an order or dispositional finding of "Not Guilty by Reason of Insanity", or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* Reporting of an arraignment is not cause for termination or denial of employment.

Signature of Applicant

Date

Part 5 – Applicant Rights

- a. I understand that upon my request, the health facility/agency or AFC can provide a copy of any disqualifying record information found on any of the relevant registries or databases.
- b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
- c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal with the Department of Licensing and Regulatory Affairs and/or Department of Human Services.

Signature of Applicant

Date

Part 6 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health facility/agency or AFC provides to the applicant.