Mason County's Oakview MEDICAL CARE FACILITY

EMPLOYMENT APPLICATION

OAKVIEW MEDICAL CARE FACILITY IS AN EQUAL OPPORTUNITY EMPLOYER

Position and Availability			
Desired position(s)	1st Choice:		Hourly Rate Desired:
	2nd Choice:		
Are you seeking:	☐ Full Time ☐ Part Time ☐ Pool		Date You Can Start:
What shift are you interested in?	☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift		
Can you work overtime, including weekends?	☐ Yes ☐ No		
What days can you work?	☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun		
Personal Information (*Incomplete information could disqualify you from further consideration.)*			
Name: (First, Middle, Last)			Today's Date:
Address:			
City:		State:	Zip Code:
E-mail Address:		Home Phone:	Mobile Phone:
How long have you lived at the above address?			
Are you legally authorized to work in the United States? ☐ Yes ☐ No			
If yes, provide document title and number:			
If you have worked under another name(s), please indicate:			
Referral Source			
How did you hear about us? ☐ Advertisement ☐ Website ☐ Referring Employee:			
Have you ever worked for Oakview? If yes, provide dates, supervisors, etc.			☐ Yes ☐ No
Do you know anyone who works for Oakview? If yes, provide name and relationship for each:			☐ Yes ☐ No
Do you have any relatives currently working for Oakview? If yes, provide name and relationship for each:			☐ Yes ☐ No
Background			
Are you currently employed?			☐ Yes ☐ No
If yes, may we contact your present employer?			☐ Yes ☐ No
Have you ever been terminated from employment or asked to resign by an employer? If yes, provide company names and contacts:			☐ Yes ☐ No
Have you ever been convicted of a felony offense? If yes, provide dates and location for all convictions. (*A conviction will not necessarily disqualify you for employment; such factors as date of conviction, seriousness, and nature of the crime will be considered.*)			☐ Yes ☐ No

Attachments: OMCF Forms 9-37, 9-38, and Michigan Workforce Background Check Consent & Disclosure

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EMPLOYMENT HISTORY

Include your last three positions (or last ten years of employment history), including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

Current or Most Recent Employer

Employed from:	Employed to:	Starting Salary:	Ending Salary:
Company Name:		May we contact? ☐ Yes ☐ No	
Address:			
City:	State:	Zip Code:	Phone:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of Work Performed and Position Responsibilities:			
Reason for Leaving:			

Second Most Recent Employer

Employed from:	Employed to:	Starting Salary:	Ending Salary:
Company Name:		May we contact? ☐ Yes ☐ No	
Address:			
City:	State:	Zip Code:	Phone:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of Work Performed and Position Responsibilities:			
Reason for Leaving:			

Third Most Recent Employer

Employed from:	Employed to:	Starting Salary:	Ending Salary:
Company Name:		May we contact? ☐ Yes ☐ No	
Address:			
City:	State:	Zip Code:	Phone:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of Work Performed and Position Responsibilities:			
Reason for Leaving:			

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EDUCATION AND EXPERIENCE

	Name of School	City/State	Number of Years Attended	Subjects/Major	Degree
High School					
College or University					
Graduate School					
Trade or Business School					

Licenses or Certifications

Name / Type:	Issued by:	Issue Date:	Expiration Date:
Name / Type:	Issued by:	Issue Date:	Expiration Date:
Name / Type:	Issued by:	Issue Date:	Expiration Date:

List special skills, experience and/or training that would enhance your ability to perform the position applied for:

List equipment and/or computer skills that relate to the position you are applying for:

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REFERENCES

Provide information for three persons not related to you whom you have known at least three years.

Name:	Phone Number:	Occupation:	Number of years known:
Name:	Phone Number:	Occupation:	Number of years known:
Name:	Phone Number:	Occupation:	Number of years known:

DRIVING POSITIONS ONLY

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License Number:	Class of License:

Have you had your driver's license suspended or revoked in the last three years? ☐ Yes ☐ No

If yes, please explain:

ACKNOWLEDGMENT

It is the policy of Oakview Medical Care Facility to provide equal employment to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by the company will be considered for employment. Should more than one qualified person make application, Oakview reserves the right to select the applicant that, in its opinion, possesses the best qualifications.

AUTHORIZATION

I attest with my signature below that I have read all of the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years of age and am legally authorized to work in the United States. Additionally, I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between myself and the Oakview for either employment or for the providing of any benefit. I authorize investigation of all statements contained in this application and hereby authorize previous employers, personal references named, or any other person(s) to whom the Facility may refer, to give any and all information regarding my background if requested. I release such persons and organizations from any legal liability in making such statements.

Applicant Name (Please Print):

Applicant Signature:	Date:

THIS APPLICATION IS VALID FOR 90 DAYS FROM THE SIGNATURE/DATE ABOVE

Attachments: OMCF Forms 9-37, 9-38, and Michigan Workforce Background Check Consent & Disclosure

Mason County's Oakview MEDICAL CARE FACILITY

INELIGIBLE PERSONS

Ineligible Person. An individual is prohibited from working at a long-term health care facility, such as Oakview Medical Care Facility or other nursing home, if the individual is:

(1) Currently excluded, suspended, debarred, or otherwise ineligible to participate in Federally funded healthcare programs, or;

(2) Has been convicted of a criminal offense that falls within the scope of 42 USC 1320a-7(a) but has not yet been excluded, debarred, suspended or otherwise declared ineligible.

Disqualifications. Pursuant to Michigan PA 28 of 2006, convictions and/or findings that may disqualify someone include those listed below. In instances where a defined amount of time has lapsed since the individual completed all of the terms and conditions of their sentencing, parole and probation for that conviction prior to the date of application for employment or clinical privileges or the date of the execution of the independent contract, the individual may no longer be prohibited from working in a covered long-term care setting. The amount of time lapse is dependent on the nature of the crime as noted below.

Minimum Disqualification Time Period	Types of Conviction
Lifetime Ban	• Felonies related to manufacture, distribution, prescription or dispensing a controlled substance after August 21, 1996 • Felony or misdemeanor patient abuse • Felony health care fraud • Ever found not guilty by reason of insanity • Ever had a finding of abuse, neglect or misappropriation of property in a nursing facility (non-criminal finding)
15 Years After Completion of Parole or Probation	• Felonies resulting or intended to result in death or serious injury, e.g. assault with intent to do great bodily injury • Felonies involving: o Use or threat of violence, e.g. felonious assault o Cruelty or torture o Abuse of vulnerable adults, e.g. elder abuse o Criminal sexual conduct (1st, 2nd or 3rd degree) o Abuse or neglect, e.g. child abuse o Use of firearm or dangerous weapon, e.g. armed robbery o Diversion or adulteration of medication, e.g. forging drug prescriptions
10 Years After Completion of Parole or Probation	• Any other felony
10 Years From Date of Conviction	• Misdemeanors involving: o Use or threat of violence o Use of firearm or dangerous weapon o Abuse of vulnerable adults, e.g. misdemeanor elder abuse o Criminal sexual conduct (4th degree) o Cruelty or torture o Abuse or neglect
5 Years From Date of Conviction	• Misdemeanors: o Involving cruelty if committed by an individual under age of 16 o Home invasion, e.g. breaking and entering o Embezzlement o Negligent homicide o Most theft offenses o 2nd degree retail fraud (shoplifting) o Certain controlled substance offenses o Most involving fraud
3 Years From Date of Convictions	• Misdemeanor assaults • 3rd degree retail fraud (shoplifting) • Most misdemeanors involving creation, deliver, possession or use of a controlled substance
1 Year From Date of Conviction	• Most misdemeanor controlled substance offenses if conviction occurred before age of 18 • Misdemeanor larceny or retail fraud in 2nd and 3rd degree if conviction occurred before age of 16

Mason County's Oakview MEDICAL CARE FACILITY

PRE-EMPLOYMENT DRUG SCREEN CONSENT

PART A

General. Oakview Medical Care Facility is committed to providing an employment environment that is safe and provides appropriate motivation to ensure high quality resident care. To this end, the Facility unequivocally endorses the philosophy that the workplace be free from the detrimental effects of illicit drugs and alcohol. Please complete Part A. and submit it with your application for employment.

1. Applicant's Name (Last, First, Middle Name)	Date

I, the undersigned job applicant, agree to submit urine and / or blood specimens at the place and time requested by Oakview Medical Care Facility for drug screen analysis in order to affirm my non-use of illegal drugs and / or controlled substances. I further authorize the results of this screen to be provided to Oakview's Human Resource Manager or designee.

I understand that I may revoke this consent in writing, except as to the actions that Oakview Medical Care Facility has already taken action upon this consent.

I understand that I must satisfactorily pass a post job offer drug screen in order to secure employment at Oakview Medical Care Facility.

Finally, I further understand that I may refuse to sign this consent, but that by doing so my application for employment at Oakview Medical Care Facility will not be favorably considered.

2. Applicant's Signature and Authorization	Date

PART B

The following entries are to be completed by the Human Resource Manager in coordination with the appropriate supervising Director. Directors will not offer employment to any applicant prior to notification that the applicant has satisfactorily passed their pre-employment drug screen.

The above named job applicant has been interviewed and offered a position within my Directorate. Request scheduling for a pre-employment drug screen be made as part of the pre-employment screening process.

1. Hiring Director Signature	Date

A drug screen and analysis has been performed for the above named job applicant as requested. The results of the drug screen and analysis is attached for your information.

☐ Job applicant has satisfactorily passed their drug screen and is eligible to be considered for employment.

☐ Job applicant failed their drug screen and is ineligible to be considered for employment.

2. Human Resource Manager Signature	Date

I, the hiring director, verify notification of the job applicant's drug screen results and their eligibility for employment.

3. Hiring Director Signature	Date

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

MICHIGAN WORKFORCE BACKGROUND CHECK CONSENT AND DISCLOSURE

MCL 333.20173a, MCL 330.1134a, and MCL 400.734b require that a heath facility/agency that is a:

- Nursing Home
- Hospice
- Home for the Aged
- Adult Foster Care Facility (AFC)
- County Medical Care Facility
- Hospital that provides Swing Bed Services
- Home Health Agency
- Psychiatric Hospital/Inpatient Unit

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 worker, having direct access to patients or residents, 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 covered health care facility/agency or AFC.
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 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 400.734b.

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 400.734b 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.

g. Privacy Act Statement:

    a. Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

    b. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

c. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

h. Procedure to Obtain a Change, Correction or Update of Identification Records:
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

i. Consent:
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

_____ _____

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: _____

(Please use back of form or attach additional sheets if needed to report all other/alias names used)

Date of Birth: _____ Social Security Number: _____

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

ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ Email Address: _____

Driver's License or State/Canadian ID Number: _____ _____

State/Prov. License/ID Number

RESIDENCY

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

Job Title: _____ Conditional Hire Date: _____

PROFESSIONAL LICENSE(S)/CERTIFICATION(S)

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

Part 3 – Employment Applicant Disclosure Statements

MCL 333.20173a, MCL 330.1134a, and MCL 400.734b, subsections (1)(a) through (g) describe crimes for which a conviction during the applicable time period will disqualify a person from being employed by, independently contracting with, or being granted clinical privileges in a covered health care facility/agency or AFC.

The above laws define "conviction" as, "… a final conviction, the payment of a fine, a plea of guilty or nolo contendere (no contest) if accepted by the court, or a finding of guilt for a criminal law violation or a juvenile adjudication or disposition by the juvenile division of probate court or family division of circuit court for a violation that if committed by an adult would be a crime." For relevant crimes described under 42-USC 1320a-7(a), convicted means that term as defined in 42-USC 1320a-7. These definitions may include cases that resulted in an alternative sentencing agreement, including deferred or delayed sentences, and for relevant crimes under 42-USC 1320a-(7)(a), convictions which may have been expunged or set aside.

I hereby certify that:

a. I have not been convicted of 1 or more of the crimes described in subsection (1)(a) through (g) of MCL 333.20173a, MCL 330.1134a, or MCL 400.734b within the applicable time period described in each subdivision. Initial _____ Date _____

b. I have never been found Not Guilty by Reason of Insanity. Initial _____ Date _____

c. I have never been the subject of a substantiated finding of neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r.

Initial _____ Date _____

If you are not able to certify a, b, or c above, please explain below:

Offense/Finding	Date	City, State	Sentence	Discharge Date

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 of more of the criminal offenses as described in MCL 333.20173a, MCL 330.1134a, and MCL 400.734b, 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 of 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.

_____ _____

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.

THIS FORM MUST BE MAINTAINED IN THE APPLICANT FILE AND SHALL BE MADE AVAILABLE TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS UPON REQUEST.

If you are concerned about maintaining personal information in the file, you may only black out the following information as all additional information is required by Michigan State Police:

Social Security Number **Telephone Number**
Address **Email Address**
Driver's License Number **Professional License/Certification Number(s)**