

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

EMPLOYMENT HISTORY

Include your last three positions (or your last ten (10) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip Code:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip Code:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the Work Performed and Position:			

Reason for Leaving:

Third Most Recent Employer

Employed from:	Employed to:	Starting Salary:	Ending Salary:
Company Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip Code:	Phone Number:
Position Title:			
Supervisor:		Supervisor's Title:	
Nature of the Work Performed and Position:			

Reason for Leaving:

EDUCATION

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

List any Equipment and/or Computer skills that relate to the position you are applying for:

REFERENCES

(Provide names/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)

Name:	Telephone Number:	Occupation:	Number of years known:
Name:	Telephone Number:	Occupation:	Number of years known:
Name:	Telephone 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 (3) years? Yes No

If yes, please explain:

ACKNOWLEDGEMENT

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

PRELIMINARY BACKGROUND CHECK & REGISTRY VERIFICATION

Part A. General. Oakview Medical Care Facility is prohibited by both State and Federal Law from the employment of, independently contracting with, or granting clinical privileges to Ineligible Persons as defined and outlined in the attached OMCF Form 9-37 (Ineligible Persons) unless the specified number of years have lapsed from the end date of confinement and parole. Please read OMCF Form 9-37 and complete Part A on both sides of this form.	
1. Name (Last, First and Middle Name)	2. License / Certificate Information Check all that apply and provide number <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> Other
3. Other (or Maiden) Names Previously Used (Last, First and Middle Name)	<input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> Other
4. Application is For (Please Check one of the following): <input type="checkbox"/> Employment <input type="checkbox"/> Independent Individual Contract <input type="checkbox"/> Clinical Privileges <input type="checkbox"/> Facility Volunteer	
5. Address. (Provide Street Address, House or Apartment Number, City, State and ZIP Code)	
6. Date of Birth (mm/dd/yyyy)	7. Gender (M-Male, F-Female)
8. Social Security Number	9. Driver's License (Number and State)
10. Initial _____	Conditional Employment Attestation. I have been advised by Oakview Medical Care Facility that it may be necessary to conditionally employ, independently contract and / or grant clinical privileges to me prior to receiving all of the results of the state and national criminal history background information required by Michigan Public Act 28 of 2006 (An Act to amend Section 20173 of Public Act 368 of 1978, "The Public Health Care Act). Accordingly, I make the following representations while this information is being obtained and analyzed. I have reviewed the attached OMCF Form 9-37 (Ineligible Persons) and swear under penalty of law that: <ol style="list-style-type: none"> 1. I have not been convicted of a felony or misdemeanor within the applicable time period that makes me ineligible, by law, to work for this organization. 2. I am not the subject of an order or disposition under section 16b of Chapter IX of the criminal procedure, 1927 PA 175, MCL 769.16(b) relating to findings of not guilty by reason of insanity. 3. I have not been the subject of a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation arising in a skilled nursing facility and conducted in accordance with 42 USC 1395i-3 or 1396r. I agree that, if the information in the criminal history investigation conducted by this organization does not confirm my statements, my employment, contract or clinical privileges will be terminated unless and until I can prove that the information is incorrect. I further agree that if this results in a period of unemployment, suspension, or leave of absence, it will be without compensation and without fringe benefits.
11. Initial _____	Acknowledgement. I understand that: <ol style="list-style-type: none"> 1. The conditions set forth in Public Act 28 of 2006 that result in my termination and agree that these conditions are in fact good cause for termination. 2. The provision of false information regarding my identity or criminal history is a crime punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both. 3. At some time during the job offer process, the signing of an independent contract, or the granting of clinical privileges, I will be required to submit a set of electronic fingerprints.

(PART A CONTINUED ON SIDE 2 - TURN OVER TO COMPLETE)

PRELIMINARY BACKGROUND CHECK & REGISTRY VERIFICATION

Part A. Continued.	
12. Initial _____	Consent. I have truthfully and accurately completed the information requested by Oakview Medical Care Facility on this form in order to enable the Facility to complete required Federal and State Criminal History Background Checks and License / Certificate Registry Verification. I consent to any and all checks required by the Facility pursuant to the requirements of State and Federal Law. I understand that these required checks will include checks with the U.S. Department of Health and Human Services Medicare / Medicaid Exclusion List; the Internet Criminal History / Access Tool (ICHAT); the Nurse Aide Registry (NAR); the Federal Offender Tracking Information System (OTIS); and the Public Sex Offender Registry (PSOR).
13. Name (Typed or Printed)	
14. Applicant Signature	15. Date
Part B. FOR FACILITY USE ONLY. The following entries are to be completed by the Human Resource Manager in coordination with the appropriate supervising Director, in accordance with Michigan Public Act 28 of 2006 (An Act to amend Section 20173 of Public Act 368 of 1978, "The Public Health Care Act").	
1. A Criminal History Background Check has been completed regarding the above named applicant. The results are attached and reveal that this applicant:	
2. Employment determined to be: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	
Human Resource Manager Signature	Date
3. A "finding" check has been conducted with the State Nurse Aide Registry or other State licensing board. The results of this verification reveal that the applicant:	
4. Current license / certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Human Resource Manager Signature	Date
Director's Signature	Date

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Felonies resulting or intended to result in death or serious injury, e.g. assault with intent to do great bodily injury • Felonies involving: <ul style="list-style-type: none"> ○ Use or threat of violence, e.g. felonious assault ○ Cruelty or torture ○ Abuse of vulnerable adults, e.g. elder abuse ○ Criminal sexual conduct (1st, 2nd or 3rd degree) ○ Abuse or neglect, e.g. child abuse ○ Use of firearm or dangerous weapon, e.g. armed robbery ○ Diversion or adulteration of medication, e.g. forging drug prescriptions
10 Years After Completion of Parole or Probation	<ul style="list-style-type: none"> • Any other felony
10 Years From Date of Conviction	<ul style="list-style-type: none"> • Misdemeanors involving: <ul style="list-style-type: none"> ○ Use or threat of violence ○ Use of firearm or dangerous weapon ○ Abuse of vulnerable adults, e.g. misdemeanor elder abuse ○ Criminal sexual conduct (4th degree) ○ Cruelty or torture ○ Abuse or neglect
5 Years From Date of Conviction	<ul style="list-style-type: none"> • Misdemeanors: <ul style="list-style-type: none"> ○ Involving cruelty if committed by an individual under age of 16 ○ Home invasion, e.g. breaking and entering ○ Embezzlement ○ Negligent homicide ○ Most theft offenses ○ 2nd degree retail fraud (shoplifting) ○ Certain controlled substance offenses ○ Most involving fraud
3 Years From Date of Convictions	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

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

3. Hiring Director Signature	Date
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