

**APPLICATION FOR EMPLOYMENT  
CHURCH OF CHRIST CARE CENTER  
CLINTON TOWNSHIP, MI 48035**

AN EQUAL OPPORTUNITY EMPLOYER

Referred By: \_\_\_\_\_  
 ALL QUESTIONS MUST BE ANSWERED - CLEARLY PRINT OR WRITE YOUR ANSWERS  
 Full Name (Last) (First) (Middle) Today's Date:

Address (Number and Street) (City) (State) (Zip Code) How long have you lived at this address?  
 Telephone (Home) (Cell) Social Security #

IN CASE OF EMERGENCY NOTIFY

Name of person to be notified in case of an emergency Address (Number & street, City, State) Telephone# Relationship

GENERAL INFORMATION

1. What position(s) are you applying for? \_\_\_\_\_
2. Do you want to work: Full Time [ ] Part Time [ ] Either [ ]
3. Which shift(s) are you available to work: Days [ ] Afternoons [ ] Midnights [ ] Any [ ]
4. How soon would you be available to work? Immediately [ ] Need to give notice [ ]
5. Have you ever been employed by this Care Center before? YES [ ] NO [ ] If YES, give dates and job: \_\_\_\_\_
6. Are you over the age of 18? YES [ ] NO [ ] If NO, state your age: \_\_\_\_\_
7. Have you ever been convicted of any crime except traffic violations? YES [ ] NO [ ] If YES, please give details: \_\_\_\_\_
8. Are you a U.S. Citizen? YES [ ] NO [ ] If NO, do you have working papers? \_\_\_\_\_
9. Are you currently employed? YES [ ] NO [ ] If YES, may we contact your present employer? \_\_\_\_\_
10. Do you have a relative that works here? YES [ ] NO [ ] if yes, relationship \_\_\_\_\_

If you are a nurse please complete: Michigan Registration # \_\_\_\_\_ Date Issued \_\_\_\_\_

School	Name of School	Location (City & State)	EDUCATION AND TRAINING			
			Circle Highest Year Completed	Major, Degree Credential	Graduate	
High School			1 2 3 4		YES [ ] NO [ ]	
Other (College Graduate, Business, Tech, Nursing, Night, Etc.)			1 2 3 4		YES [ ] NO [ ]	
			1 2 3 4		YES [ ] NO [ ]	

EMPLOYMENT RECORD - BEGINNING WITH YOUR LAST OR CURRENT EMPLOYER, LIST ALL JOBS HELD IN DATE ORDER

Name of Employer/ Phone Number	Address of Employer (No & Street, City & State)	Type of Business	From		To		Job Title or Duties	Reason for Leaving	Rate of Pay
			Mo	Yr	Mo	Yr			

TO THE APPLICANT:  
PLEASE READ AND SIGN  
I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I HEREBY  
AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AS WELL AS THOSE MADE DURING MY  
INTERVIEW(S), WHICH IF FOUND TO BE FALSE WILL BE CONSIDERED SUFFICIENT CAUSE FOR MY DISMISSAL.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - INTERVIEWER'S COMMENTS

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

TO BE COMPLETED BY THE DIRECTOR OF HUMAN RESOURCES

Department	Classification	Rate of Pay: \$ _____ per hour	Shift: Days [ ] Afternoons [ ] Midnights [ ]	Hours Full Time _____ Per pay: Part Time _____ On Call [ ]
Birth Date	Starting Date	H.R. Signature	Today's Date:	



## MICHIGAN 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 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 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 and State Police.
- b. I further understand the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. 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), which may include 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 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.

\_\_\_\_\_  
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.

As a condition of being considered for employment and continued employment:

1. I hereby consent to and authorize the health facility/agency to conduct a background check that includes a search of State and Federal abuse and neglect registries, databases, Office of the Inspector General Exclusions database, and/or Excluded Parties List.
2. I understand that this consent extends to the duration of my employment and that the background checks will be conducted on an annual and as needed basis using the applicable databases to retrieve the relevant information.
3. I further understand that it is my responsibility to inform my employer of any convictions or actions that would disqualify me from continued employment.
4. I understand that upon request, the health facility/agency can provide a copy of any disqualifying record information found on any of the relevant registries or databases.
5. 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.

Name (Printed): \_\_\_\_\_

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

Date: \_\_\_\_\_



## CHURCH OF CHRIST CARE CENTER

### Policy / Procedure Manual

Subject / Title: <b>Criminal Background Checks</b>		
Effective Date: 04-01-06	Review Date: 06-14-06	Approved By: Michael Serilla, C.E.O.
		Prepared By: Joyce Kayser, I.S.
Department Policy: Human Resources		Section:

Effective April 1, 2006 this organization must comply with Public Act 28 of 2006. In brief summary, this state statute mandates the obtainment of extensive criminal history background information, including FBI fingerprinting, of all individuals who seek employment, independent contract or clinical privileges in positions that provide "direct access" to the consumers served by this company. "Direct Access" is defined as access to a patient or resident or to a patient or resident's property, financial information, medical records, treatment information or any other identifying information. This law supplements and reinforces this organization's long-standing policies relating to requisite good moral character and suitability to work with vulnerable adults.

PA 28 of 2006 prohibits the following individuals with certain conviction histories from regularly providing direct services to consumers. A complete list appears at the end of this policy.

PA 28 of 2006 also prohibits the employment, independent contract or clinical privileges to individuals who have been the subject of a finding of not guilty by reason of insanity and findings of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in a skilled nursing facility.

The criminal history background information mentioned in this policy will be obtained by this organization before a written good faith offer of employment or contract has been extended. All workers covered under this law must, as a condition of employment, execute any and all consent forms, acknowledgements and releases arising from compliance with PA 28 of 2006.

As a condition of continued employment, all direct access workers must immediately report to this organization any arraignment or conviction of one or more offenses that make them ineligible to work under PA 28 of 2006. As an additional condition of employment, all direct access workers must report to this organization if they have become the subject of an order or disposition finding of not guilty by reason of insanity. Similarly, workers are to report if they are 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.

The provision of false, incomplete or misleading information during the hiring and application process will result in refusal of work and/or termination. Under Michigan law, an individual who knowingly provides false information regarding his or her identity, criminal convictions or substantiated findings is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

An individual is prohibited from working in the covered long-term care settings if the individual satisfies one or more of the following:

- a. Has been convicted of a relevant crime described under 42 USC 1320a-7. This federal statute provides a mandatory exclusion for individuals who have been convicted of the following crimes:
- conviction related to patient abuse.
  - felony conviction related to health care fraud.
  - felony conviction related to controlled substances.
  - conviction of a crime related to the delivery of an item or service.

This federal statute also provides a permissive exclusion for individuals who have been convicted of the following crimes:

- misdemeanor fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.
  - conviction related to obstruction of an investigation.
  - misdemeanor conviction related to controlled substances.
- b. Has been convicted of:
- any of the felonies listed below;
  - an attempt or conspiracy to commit a felony listed below or
  - a state or federal crime that is "similar" to the listed felonies (other than a felony for a relevant crime described under 42 USC 1320a-7).

If 15 years have lapsed since the individual completed all of the terms and conditions of his or her 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, then the individual is not prohibited from working in a covered long-term care setting.

Felonies Requiring a 15-Year Lapse

- i. A felony involving cruelty or torture.
- ii. A felony involving criminal sexual conduct.
- iii. A felony involving abuse or neglect.
- iv. A felony involving the use of a firearm or dangerous weapon.
- v. A felony involving the diversion or adulteration of a prescription drug or other medications.
- vi. A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat of the use of force or violence.
- vii. A felony that involves vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.

- c. Has been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime described under 42 USC 1320a-7 or a felony described under subdivision (b), unless 10 years have lapsed since the individual completed all of the terms and conditions of his or her 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.
- d. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 10 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

- Misdemeanor Convictions Requiring a 10-Year Lapse
- i. A misdemeanor involving abuse or neglect.
  - ii. A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).
  - iii. A misdemeanor involving criminal sexual conduct.
  - iv. A misdemeanor that involves vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.
  - v. A 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.

- e. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 5 years immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

- Misdemeanor Convictions Requiring a 5-Year Lapse
- i. A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.
  - ii. A misdemeanor involving home invasion.
  - iii. A misdemeanor involving embezzlement.
  - iv. A misdemeanor involving negligent homicide.
  - v. A misdemeanor involving larceny unless otherwise provided under subdivision (g).
  - vi. A misdemeanor of retail fraud in the second degree unless otherwise provided under subdivision (g).
  - vii. Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).

- f. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is

substantially similar to the misdemeanors described in this subdivision, within the 3 years immediately preceding the date of application for employment or clinical privileges or the date of execution of the independent contract.

Misdemeanor Convictions Requiring a 3-Year Lapse

- i. A 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.
- ii. A misdemeanor of retail fraud in the third degree unless otherwise provided under subdivision (g).
- iii. A misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, unless otherwise provided under subdivision (g).

- g. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the year immediately preceding the date of application for employment or clinical privileges or the date of the execution of the independent contract:

Misdemeanor Convictions Requiring a 1-Year Lapse

- i. A misdemeanor under part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, if the individual, at the time of conviction, is under the age of 18.
- ii. A misdemeanor for larceny or retail fraud in the second or third degree if the individual, the time of conviction, is under the age of 16.

- h. Is the subject of an order or disposition under section 16b of Chapter IX of the Code of Criminal Procedure 1927 PA 175, MCL 769.16b. This statutory provision pertains to a finding of not guilty by reason of insanity.
- i. Has been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in skilled nursing facilities in accordance with 42 USC 13951-3 or 1396r.