

Facility Name: _____

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

Name of Facility You are Applying at: _____

Embassy Healthcare considers all applicants for employment without regard to race, color, religion, sex, national origin, age handicap, ancestry or disability, or status as a Vietnam-era or special disabled veteran in accordance with Federal Law. In addition, Embassy Healthcare complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

Embassy Healthcare also provides “reasonable accommodations” to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local laws.

Embassy Healthcare complies with S.B. 160 that involves fingerprinting every applicant for final consideration of employment. This act of fingerprinting allows Superintendent of the Bureau of Criminal Identification and Investigation (BCI&I) to conduct criminal record checks of each applicant, as a precondition to employment. In the event that an applicant is found to have a record of being convicted of a disqualifying crime, employment will be terminated.

In the event that the results from the check are not received within 60 days, employment will be terminated. See attached signature form.

It is also required through S.B. 160 that applicants must show proof of Ohio residency for five (5) years. In the event that residency within the last five years has not been in the state of Ohio, a FBI check will be required. Income tax forms may be requested for proof of residency. Also see the attached form.

NAME (PLEASE PRINT) SOCIAL SECURITY NUMBER

CURRENT ADDRESS STREET CITY STATE ZIP

APARTMENT NO. TELEPHONE # REFERRED BY

Are you over the age of 18? Yes No if not, state you age _____

Do you want to work: Full time _____ Part time _____ PRN _____?

Day _____ Evening _____ Night _____

Are you willing to work overtime as necessary? Yes No

Date you can start: _____ Salary desired: _____

Have you ever been employed at Embassy Healthcare?

Yes No If yes, where and when _____

Reason for leaving: _____

State name(s) of any relatives in our employ and your relationship to them:

Have you ever been convicted or pleaded guilty of a crime? Yes No If yes, state nature of offense, date, where, county of conviction and disposition _____

A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employees hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Embassy Healthcare will verify the status of every individual offered employment with the company. Accordingly, all offers of employment are subjected to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Do you have a legal right to work and remain in the United States?

Yes No

EDUCATION:

Highest grade completed: Grade School K 1 2 3 4 5 6 7 8
High School 9 10 11 12
College 1 2 3 4
Nursing School 1+ 2 3 4

Name of last school attended _____

Did you graduate? _____

Professional/Vocational School _____

Did you graduate? _____

License # for:

RN _____ LPN _____ STNA _____

MILITARY SERVICE RECORD:

Have you ever served in the U.S. Armed forces? ___Yes ___No

List duties in the Service, including special training that is relevant to the position for which you have applied: _____

PRIOR WORK HISTORY: List in order, last/current employer first.
Account for any gaps in your employment

1. _____
Employer Address Phone #

Position From To

Reason for leaving

2. _____
Employer Address Phone #

Position From To

Reason for leaving

3.

Employer

Address

Phone #

Position

From

To

Reason for leaving

Describe in detail the work you performed. If you need more room to complete your prior work history, use additional sheet of paper.

1.

2.

3.

SKILLS: List personal skills you believe are related to the job for which you are applying

PERSONAL REFERENCES: (Exclude Relatives)

1.	_____	_____
	Name and Occupation	Date Known
	_____	_____
	Address (street, City, State, and Zip)	Telephone #
2.	_____	_____
	Name and Occupation	Date Known
	_____	_____
	Address (Street, City, State, and Zip)	Telephone #
3.	_____	_____
	Name and Occupation	Date Known
	_____	_____
	Address (Street, City, State, and Zip)	Telephone #

HISTORY OF RESIDENCY: Please account for the past 5 years of residency. List in order of last to current.

1.	_____	_____	_____
	Address	State	Zip
	_____	_____	_____
	From	To	Total # of months
2.	_____	_____	_____
	Address	State	Zip
	_____	_____	_____
	From	To	Total # of months
3.	_____	_____	_____
	Address	State	Zip
	_____	_____	_____
	From	To	Total # of months
4.	_____	_____	_____

Address State Zip

From To Total # of months

5. Address State Zip

From To Total # of months

PRE-EMPLOYMENT STATEMENTS: Please read carefully and sign the statements below.

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Embassy Healthcare employ.
2. Any offer of employment I may receive from Embassy Healthcare is a Conditional Offer of Employment, and is contingent upon successful completion of the company's total pre-employment screening process, including criminal background checks from the BCI&I and/or FBI, verification of residency, the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination, drug test screen, and Mantoux results that the company may require. I also agree, if employed, to submit a medical examination and/or drug screen test at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams and/or drug screen tests I may be required to take disclosed to Embassy Healthcare.

It is a pre-requisite prior to any conditional offer of employment, that a Drug Screening Test will be performed at this facility. A negative result does not constitute an offer of employment.

3. I authorize and request that all of my present and former employers and those individuals. I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. I understand and agree that, if hired, my employment is **at-will** and that my employment compensation can be terminated with or without notice, at any time, by

the facility without cause. I understand and agree that I will submit a 2-week notification of resignation. If I do not submit a 2-week resignation or do not fulfill the 2 week notice, I understand and agree that I will receive federal minimum wage/hourly rate for any hours worked for the last schedule pay period.

5. I understand that no supervisor, employee or representative of the facility other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
6. I authorize Embassy Healthcare to investigate all statements contained in this application and to obtain evaluations from all former employers, schools attended and personal references. If any misrepresentations or omissions of fact have been made by me, or if the results of an investigation are unsatisfactory, I understand that my application may be rejected or I may be dismissed, if hired. I hereby release any agent acting on it behalf, and any former employers from any liability for damage which may result from such investigation of the disclosure of information concerning my former or prospective employment.

I also understand that employment is contingent upon satisfactory completion of a pre-employment physical examination which may include a medically-approved laboratory test for the detection of narcotics and other substances, the presence of which may affect my performance as an employee. I am aware that my employment may be terminated with or without cause and with or without notice, at any time, at the option of Embassy Healthcare. I understand that no one, other than the Executive Director has the authority to enter into any employment agreement for any specified period of time or to make an employment agreement that is contrary to the preceding statement.

After employment, I understand that a copy of the Employee Handbook will be made available to me and that the rules and regulations discussed therein are subject to change by Embassy Healthcare without prior notice to employees; thereafter, the Handbook, as well as other policy communication tools, should NOT be viewed as terms or conditions of an employment contract, either expressed or implied.

I understand that this application will be considered only for open/posted positions, which are available when the application is submitted.

SIGNATURE

DATE

**LONG-TERM CARE WORKER BACKGROUND CHECK
(SENATE BILL 160)
CONSENT AND STTESTATION FORM**

BY SIGNING THIS FORM, I CONSENT TO THE SUBMISSION OF A REQUEST FOR A CRIMINAL RECORD CHECK FOR LONG-TERM CARE WORKERS AS REQUIRED BY SENATE BILL 160. THE REQUEST WILL BE SUBMITTED BY Embassy Healthcare.

I ALSO ATTEST TO THE FOLLOWING:

1. That I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under S.B. 160 (see attached)
2. That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults or, if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

Signature of Applicant

Social Security Number

Date

INFORMATION RELEASE

In connection with my application for employment, _____ understand that investigative background inquiries are to be made including, but not limited to consumer credit, social security number, and criminal and motor vehicle records. These reports may contain information about my character, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that information will be requested from various Federal, State, and other agencies, which maintain records concerning my personal history.

I authorize, without reservation, any party or agency contacted to release any information requested and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. This authorization expires 45 days from this date, or upon termination of employment.

Applicants signature

Date

LIST OF CRIMES IN S.B. 160 (BAKGROUND CHECKS)

Ohio Revised Code Section	Description
<u>Homicide/Assault</u>	
2903.01	Aggravated murder
2903.02	Murder
2903.03	Voluntary manslaughter
2903.04	Involuntary manslaughter
2903.11	Felonious assault
2903.12	Aggravated assault
2903.13	Assault
2903.16	Failing to provide for functionally Impaired person
2903.21	Aggravated menacing
2903.34	Offense against residents or Patients of care facilities
<u>Kidnapping/Extortion</u>	
2905.01	Kidnapping
2905.02	Abduction
2905.11	Extortion
2905.12	Coercion
<u>Sexual Crimes</u>	
2907.02	Rape
2907.03	Sexual battery
2907.05	Gross sexual imposition
2907.06	Sexual imposition
2907.07	Importuning
2907.08	Voyeurism
2907.09	Public indecency
2907.12	Felonious sexual penetration
2907.25	Prostitution
2907.31	Disseminating matter harmful to juvenile
2907.32	Pandering obscenity
2907.321	Pandering obscenity involving a Minor
2907.322	Pandering sexually oriented Material involving a minor
2907.323	Illegal use of a minor

Robbery/Burglary

2911.01	.....	Aggravated robbery
2911.02	.....	Robbery
2911.11	.....	Aggravated burglary
2911.12	.....	Burglary
2911.13	.....	Breaking and entering

Theft

2913.02	.....	Theft; aggravated theft
2913.03	.....	Unauthorized use of vehicle
2913.04	.....	Unauthorized use of property
2913.11	.....	Passing bad checks
2913.21	.....	Misuse of credit cards
2913.31	.....	Forgery
2913.40	.....	Medicaid fraud
2913.43	.....	Securing writings by deception
2913.47	.....	Insurance fraud
2913.51	Receiving stolen property

Domestic violence

2919.25	Domestic violence
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Public administration

2921.36	Conveyance of certain items onto grounds of detention, MRDD, or MH facility
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Weapons offenses

2923.12	Carrying concealed weapons
2923.13	Having weapons while under a Disability
2923.161	.....	Improperly discharging a firearm At or into a school or house

Drug offenses

2925.02	.....	Corrupting another with drugs
2925.03	.....	Trafficking offenses
2925.11	.....	Drug abuse
2925.13	.....	Permitting drug abuse
2925.22	.....	Deception to obtain dangerous Drugs
2925.23	Illegal processing of drug documents

Food

3716.11	Adulterated food
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INTERVIEW CHECK-OFF FROM APPLICANT

I ACKNOWLEDGE THAT THE FOLLOWING INFORMATION WAS GIVEN TO ME DURING MY INTERVIEW PROCESS:

1. DRUG SCREENING WILL BE REQUIRED PRIO TO ANY CONDITIONAL OFFER OF EMPLOYMENT, THROUGH THIS FACILITY.

SIGNATURE

DATE

2. DRUG SCREENING DOES NOT MEAN THAT I WILL BE OFFERED A POSITION AT Embassy Healthcare.

SIGNATURE

DATE

3. I AM AWARE THAT I MUST SHOW PROOF OF RESIDENCY IN THE STATE OF OHIO FOR THE PAST 5 YEARS BY SHOWING TAX FORMS – DRIVERS LICENSE AND RESIDENCY ACKNOWLEDGEMENT FORMS, IF I AM OFFERED A POSITION.

SIGNATURE

DATE

4. I AM AWARE THAT IF I AM OFFERED A POSITION AT Embassy Healthcare THAT I WILL NEED TO BE FINGERPRINTED FOR THE BCI&I AND/OR FBI FOR A CRIMINAL BACKGROUND CHECK.

SIGNATURE

DATE

5. I AM AWARE THAT IF THE RESULTS FROM THE BCI&I ARE NOT RECEIVED WITHIN 30 DAYS THAT I WILL BE TERMINATED.

SIGNATURE

DATE

6. I AM WARE THAT I MUST SUBMIT A 2 WEEK NOTICE. IF I DO NOT SUBMIT A 2 WEEK NOTICE NOR FULFILL THE NOTICE THAT I WILL BE PAID THE FEDERAL MINIMUM WAGE/HOURLY RATE FOR THE LAST PAY PERIOD.

SIGNATURE

DATE

7. I AM AWARE THAT ANY OFFER OF EMPLOYMENT IS A “CONDITIONAL OFFER OF EMPLOYMENT”.

SIGNATURE

DATE

I FULLY UNDERSTAND THE ABOVE INFORMATION.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

Nursing Assistant Trainee Prior Service Attestation

I do hereby confirm that I have successfully completed the Nursing Assistant Training Course within the last twelve months, and have been employed as a Trainee Nursing Assistant in any long term care facility, or facilities, for no greater that a total of four months time.

I understand that Sate of Ohio Licensure Rules Effective October20, 2001, require that I not maintain employment in a nursing facility as a Trainee Nursing Assistant for longer than a cumulative four month period, prior to successful State Testing, regardless of the number of facilities I may become employed in.

Applicant's Name: _____

Date: _____

Reviewed By: _____
Facility Representative

Title: Personnel Manager

Date: _____

Company: _____

Address: _____

Phone Number: _____

Fax number: _____

Name: (Please print) _____

Name used if different then above: _____

SSN: _____

To Whom It May Concern:

The above person has applied for Employment as a(n): _____ at our facility. We would appreciate your cooperation in answering the following questions and returning this letter to us as soon as possible. Please be assured that all information is kept confidential. Thank you in advance for your assistance.

Sincerely,

Angela Valentine
Director of Human Resources

I give the authority to my previous employer to release information pertaining to my employment with your company to Embassy Healthcare.

I was employed from _____ to _____

Signature

Date:

Previous Employers Response:

Employed from _____ to _____

Eligible for Re-Hire? Yes _____ No _____

Comments: _____

Signature

Department

Date