



EMPLOYMENT APPLICATION

Date of Application: _____

Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: _____	Email: _____		
Social Security Number: _____	Date of Birth: _____		

GENERAL INFORMATION

Position Applied For: _____				
Available For Work:	Full-Time []	Part-Time []	Temporary []	On-Call []
Date Available to Start Work: _____				
Shift Desired:	Day []	Evening []	Night []	PRN []
If you are under age 18, can you provide a work permit if offered a job? Yes [] No []				
Are you a U.S. citizen? Yes [] No []				
If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes [] No []				
Have you been convicted of a felony within the last seven years: Yes [] No []				
(Please exclude any convictions that have been sealed, expunged, or legally eradicated. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)				

If "yes", please identify the charge, the court, the date of the conviction, and the disposition of the case: _____

Have you ever applied for a position or worked with this company before? Yes [] No []

If "yes", specify dates: From: _____ To: _____

EDUCATION

	Name and Address of School	Major	# of Years Completed	Did you graduate?
High School				
College				
Other				

EMPLOYMENT HISTORY

Please list your work experience for the past 10 years, beginning with your current employer. You may include volunteer activities. If you need additional space, please use separate sheet of paper.

Name of Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

From: _____ To: _____ Starting Pay: _____ Final Pay: _____
Month/Year Month/Year

Position: _____ Description of Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

From: _____ To: _____ Starting Pay: _____ Final Pay: _____
Month/Year Month/Year

Position: _____ Description of Duties: _____

Reason for Leaving: _____

Name of Employer: _____ Supervisor: _____

Address: _____ Telephone: _____

From: _____ To: _____ Starting Pay: _____ Final Pay: _____
Month/Year Month/Year

Position: _____ Description of Duties: _____

Reason for Leaving: _____

Please identify all periods of unemployment in excess of one month during the past 10 years.

From: _____ To: _____ Reason: _____
Month/Year Month/Year

From: _____ To: _____ Reason: _____
Month/Year Month/Year

Have you ever been employed or enrolled in a school under a name other than that used on this application? Yes [] No []

If "yes", please specify the name(s) you were employed or enrolled under. _____

If you are employed now, may we contact your current employer? Yes [] No []

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes [] No []

Are you a veteran of the United State military service? Yes [] No []

If "yes", please state which branch of service: _____

Please list any job related professional, business or civic activities, organizations and/or associations. (You may omit those that indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability.) _____

Provide name of person to be contacted in the event of an emergency.

Name: _____

Address: _____ Telephone: _____

Please provide three personal references. Please do not include family members.

1). Name: _____

Company: _____ Title: _____

Phone Number: _____ Years Known: _____

2). Name: _____

Company: _____ Title: _____

Phone Number: _____ Years Known: _____

3). Name: _____

Company: _____ Title: _____

Phone Number: _____ Years Known: _____

As condition of employment we also need to have a copy of your Driver's License, a copy of your Nursing License or certificate, and a copy of your CPR certification (if you have one).

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the company contacts, to provide the company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company. I further agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the company may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

Signature of Applicant: _____ Date: _____



HALLMARK *Living*

APPLICANT AND EMPLOYEE CONSENT TO ALCOHOL AND DRUG TESTING (CONFIDENTIAL)

Applicant/Employee Name (Print)

I understand that Hallmark Living _____ has a policy against the manufacture, use, possession, distribution or sale of illegal drugs and the abuse of legal drugs or alcohol by its employees on company property or while conducting business for the company. I further understand that Hallmark Living _____ is committed to a drug-free workplace and has adopted a drug and alcohol-testing program as one method of implementing that policy. I also understand that in the event I become an employee of Hallmark Living _____, I may be subject to reasonable suspicion/probable cause testing in accordance with company policy.

I hereby voluntarily consent to provide samples of my blood, urine and/or breath to a laboratory designated by Hallmark Living _____, to determine the presence or use of alcohol or drugs. I understand that all screening tests for drugs and alcohol will be subject to careful testing procedures. If the test result is positive, I can request a retest of the same sample. I understand I must pay for the retest. If the retest is negative, the company will reimburse me for the cost of the second test. I further understand that if my test results are positive for illegal drugs, abuse of legal drugs or alcohol, as an applicant I will not be considered for employment, or as an employee, I may be subject to discipline including termination. I release and discharge Hallmark Living _____ and its related companies as well as the laboratory, officers, employees, agents, and representatives from any claim or liability arising from such tests, including the testing process and procedures, analysis, and disclosure of the results.

I voluntarily authorize the release of medical information concerning the results of my drug and/or alcohol test(s) to company representatives who will use it to determine if I am in compliance with company work rules and policies on drugs and/or alcohol, I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for termination or ineligibility for employment.

Applicant/Employee Signature

Date

Witness Signature



Part 1 – Consent
Part 2 – Applicant Information
Part 3 – Disclosure
Part 4 – Conditional Employment
Part 5 – Applicant Rights
Part 6 – Disclaimer

LONG TERM CARE 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, Human Services, 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), 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. Listed below are also all PENDING FELONY charges currently alleged against me.

Offense	Date of Conviction/Finding/Charge (if pending)	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 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.