

Application for Employment

The facility and its surrounding property have been tobacco free since 2009.

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ E-mail: _____

What is your preferred method of contact: ___ Telephone ___ Text ___ Email

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been charged with anything other than a traffic violation? Yes No

If you answered yes, please explain:

List of Special Accomplishments

Exclude information that would reveal race, color, religion, national origin, sex, citizenship, age, mental or physical disabilities, veteran/reserve National Guard status or any similarly protected status.

Special Honors:

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Phone # _____

Duties: _____

Dates of Employment: _____ to _____

Starting Hourly Rate/Salary _____ Ending Hourly Rate/Salary _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Phone # _____

Duties: _____

Dates of Employment: _____ to _____

Starting Hourly Rate/Salary _____ Ending Hourly Rate/Salary _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Phone# _____

Duties: _____

Dates of Employment: _____ to _____

Starting Hourly Rate/Salary _____ Ending Hourly Rate/Salary _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

EDUCATION

High School

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address _____

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

REFERENCES

List three name and telephone numbers of three references who are not related to you and are not previous supervisors.

Name	Relationship	Title	Telephone number	No. of years known
1.				
2.				
3.				

POSITION INFORMATION

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Therefore, you must complete the entire application. Your application must also specify the position you are applying for. Please be advised that your application will be placed in our inactive file for 6 months from the date of application. (In order for you to keep your application current, it will be necessary for you to inform our personnel office in writing, prior to the 60 day period, that you wish to remain on the company's active applicant list.) The application provides information which enables us to determine whether an applicant has the interests, background and experience to be given additional consideration for employment. At the appropriate time you will be required to establish your citizenship or, if not a citizen, your eligibility for employment. Please print in ink and use your own handwriting. Use space on the last page to clarify any responses or, if desired, tell us anything else about yourself you believe relevant.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any false information, representations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

Before I can begin work, and as a pre-condition of employment, I understand I must be able to verify, as required by federal law, that I am authorized to work in the United States. I understand that all applicants offered a position must document their authorization to work before the hiring process will be complete. If selected for hire, I understand it will be my responsibility to provide the Manistee County Medical Care Facility with documentation establishing my right to work. I understand these documents will be reviewed at the time a conditional offer of employment is made.

I authorize a thorough investigation of my past employment and education, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporations, and/or educational institutions requesting or supplying such information and waive my right to notice of such disclosure.

I understand that part of the Manistee County Medical Care Facility screening process will include a search of criminal conviction history records to verify information provided by me during the application process. As a part of this investigation, I may be required to provide my date of birth, sex, and driver's license and state of issue. I understand that this information may be required at a later time to facilitate this investigation. My signature below signifies that I understand and agree to authorize Manistee County Medical Care Facility to secure criminal conviction history from the appropriate law enforcement agency, should the facility determine it is necessary to do so.

I understand that if I am granted an interview, I will be asked at the time if I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Manistee County Medical Care Facility to attempt to make a reasonable accommodation for it. Under federal law, it is my responsibility to inform the Manistee County Medical Care Facility that an accommodation is needed. I understand I must make request for accommodation in writing to the Human Resources Department as soon as possible. Under state law, such a request must be made no later than 182 days after the date I know or reasonably should know that accommodation is needed.

If hired, in consideration of my employment, I agree to abide by the rules and policies of the Manistee County Medical Care Facility. I understand that my employment with the Manistee County Medical Care Facility is for an indefinite term, and I am subject to termination at any time with or without notice, with or without proper discipline warning, and with or without cause.

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____

MANISTEE COUNTY MEDICAL CARE FACILITY

AUTHORIZATION TO RELEASE INFORMATION


To:

I am an applicant for a position with the Manistee County Medical Care Facility and have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize you to provide to the Manistee County Medical Care Facility, my past and present work records, character and education information. I authorize you to provide any and all information concerning my employment and any pertinent information that you may have, personal and otherwise, and release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information. I release from all liability or responsibility all persons and corporation requesting or supplying such information.

You may retain a copy of my release for your files. Thank you for your assistance.

Signature: _____ Date: _____

Witness: _____ Date: _____

**Manistee County**
Medical Care Facility
1505 E. Parkdale Ave. Manistee, MI 49660
Telephone: (231)723-2543 Fax: (231)723-1773
Linda Duchon RN, MS, LNHA, Administrator

JOB APPLICANT ACKNOWLEDGEMENT

I (print name) _____, have identified on my application a listing of all facilities in which I have worked, within the past fifteen (15) years.

I () have () have not, been placed on a registry for abuse or neglect of a nursing home resident.

I () have () have not, been convicted or found guilty of abuse or neglect of a nursing home resident.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

MANISTEE COUNTY MEDICAL CARE FACILITY

PRE-EMPLOYMENT DRUG TESTING POLICY

Revised: 7/21/2011

Reviewed: 10/10/16

PURPOSE

The purpose of this policy is to insure that applicants who are being considered for employment by Manistee County Medical Care Facility are drug-free when hired.

All job applicants at Manistee County Medical Care Facility will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing consent agreement, will release the company from liability. (Any applicant with positive test results will be denied employment at that time).

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to minimum standards established by the company for this screen will disqualify me from further consideration for employment

I further understand that upon commencement of employment with the Manistee County Medical Care Facility, I may again be required to submit to a random urinalysis and alcohol screen. I understand that refusal to take a requested urinalysis and alcohol screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant Signature

Date

Update responsibility: Human Resources

Approved by: _____
Administrator

Date: _____

Director of Nursing

Date: _____



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

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.

MANISTEE COUNTY MEDICAL CARE FACILITY

REFERENCE VERIFICATION REQUEST

_____ has applied for employment with the
 Manistee County Medical Care Facility for the position of _____
 By signing the release below, he/she has authorized you to release pertinent employment
 related information to us. We appreciate your prompt reply and assure that this information
 will be confidential.

Applicant's Name: _____
 Address: _____

 Social Security #: _____
 Name of Past Employer: _____
 Address: _____

 Supervisor's Name: _____
 Position Held: _____
 Dates Employed: _____
 Name Employed Under (If different from above): _____

I hereby authorize _____
 to release all relevant information to Manistee County Medical Care Facility
 regarding my present and/or past employment, including my job performance,
 skills and training, health status, and character.

Applicant's Signature: _____
 Date: _____

EMPLOYER SECTION

Is this information correct? Yes ___ No ___
 If not, please clarify: _____
 Would you reemploy this person? Yes ___ No ___
 If not, please explain: _____
 Reason for resignation/termination: _____

Please rate the applicant in the areas listed:

	Excellent	Average	Poor
Quality of Work			
Quantity of Work			
Caring Attitude			
Reliability & Dependability			
Cooperation & Flexibility			
Attendance & Punctuality			
Works Independently			
Accepts Supervision			
Professional Integrity			

Signature: _____
 Date: _____

Return completed form to:
Manistee County M.C.F., 1505 E. Parkdale Ave., Manistee, MI 49660

For office use at M.C.M.C.F.
 Signature/title of M.C.M.C.F. employee requesting information: _____