

Name: _____
Last Name First Name

Date: _____

Employment Application



3089 Tri Park Drive
Grand Blanc, MI 48439

Genesis Total Healthcare
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Name: _____
First Name Middle Initial Last Name

Phone: _____ Alt Phone: _____

Social Security Number: _____ DOB: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Former Address: _____

City: _____ State: _____ Zip Code: _____

Position Applying For: _____ Salary Requirements: _____ Date Available: _____

Are you authorized to be employed in the United States? Yes _____ No _____
(All offers of employment are contingent upon verification of employment eligibility under the immigration reform and control act of 1986.)

Are you under 18 years of age? Yes _____ No _____

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes _____ No _____

If no explain: _____

EDUCATION / TRAINING

High School Information

High School Diploma or GED Equivalent obtained? Yes _____ No _____ Date of Graduation: _____

Name of School: _____

Location: _____

City

State

Major Courses Taken: _____

College Information

Undergraduate College Attended: _____

Undergraduate Major: _____ Degree Received: Yes _____ No _____

Graduate College Attended: _____

Degree Received: Yes _____ No _____ Academic Honors: _____

Technical or Vocational School Information

Name of School: _____

Location: _____

City

State

Major Fields of Study: _____

Degree Received: Yes _____ No _____

PREVIOUS EMPLOYMENT

List most recent employer first. Include breaks in employment or periods of unemployment.

1. _____

Company Name	From	To	Job Title	Starting Salary
Phone	Supervisor		Final Salary	
Address	City		State	Zip Code

Reason for Leaving: _____

2. _____

Company Name	From	To	Job Title	Starting Salary
Phone	Supervisor		Final Salary	
Address	City		State	Zip Code

Reason for Leaving: _____

3. _____

Company Name	From	To	Job Title	Starting Salary
Phone	Supervisor		Final Salary	
Address	City		State	Zip Code

Reason for Leaving: _____

Have you ever been asked to resign from a position? Yes _____ No _____

If yes please explain: _____

Unemployment Record: list all intervals of unemployment, if any during the last 10 years.

From: _____ to _____ Brief statement covering this period. _____
From: _____ to _____ Brief statement covering this period. _____
From: _____ to _____ Brief statement covering this period. _____

Military

Have you ever served in the United States Military, Reserves, or National Guard? Yes _____ No _____

Branch of Service: _____ Highest Rank: _____

Skills or Training Acquired: _____

PERSONAL HISTORY

Have you ever been convicted of a crime in the past 10 years excluding misdemeanors and summary offenses which has not been annulled, expunged, or sealed by a court? Yes _____ No _____

If yes, please explain fully including the date, place, nature of crime, and the date of conviction and completion of any sentence. (Add additional information if necessary.)

REFERENCES

Give three references who are not related to you and are not previous employers.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alt Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alt Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Alt Phone: _____

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING
RELEASE AND PRIVACY STATEMENT
AGREEMENT TO ARBITRATE DISPUTES**

I understand that Genesis Total Healthcare requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Genesis Total Healthcare to investigate my past employment, criminal record, credit, education credentials, and other employment related activities. I agree to submit to any drug or alcohol testing which is required for employment with Genesis Total Healthcare.

I understand that this application is not an offer of employment and that by accepting my application; Genesis Total Healthcare does not guarantee that I will be offered a job. I also understand that if I am offered a job, Genesis Total Healthcare reserves the right to make changes in the terms and conditions of my employment as Genesis Total Healthcare determines to be necessary or appropriate.

I understand that an employment with Genesis Total Healthcare would be an employment at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and Genesis Total Healthcare may terminate my employment at any time for any reason without notice. I further acknowledge my understanding that statements, which may be contained in the policies, handbooks, and other Company materials, do not create my guarantee of employment nor contractual rights, express or implied, and I agree that I will with or without notice. I further acknowledge that no supervisor, manager, executive or any employee or agent of Genesis Total Healthcare has the authority to alter any of the above, that any promised to the contrary will only be relied upon by me if they are in writing and signed by the Genesis Total Healthcare president and myself.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered, by Genesis Total Healthcare, will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulation of Genesis Total Healthcare.

I further understand that any offer of employment may be contingent upon successfully completing a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodation.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that Genesis Total Healthcare can rely on this information in making employment decisions.

In consideration for Genesis Total Healthcare's agreement to accept my application for consideration, I acknowledge and agree that any controversy or claim that I may have as an applicant, or as an employee, if I am subsequently hired shall be submitted, to binding arbitration before a single arbitrator with the arbitrator to be conducted pursuant to the provisions of the commercial arbitration rules of the American Arbitration Association then in effect. I agree that (1) my application for employment; (ii) my employment, if I am subsequently hired by Genesis Total Healthcare, and (iii) the business of Genesis Total Healthcare affects or has a direct impact upon interstate commerce, "Commerce," as it is defined in Federal Arbitration Act, 9U.S.C. Section 1 and that this provision is enforceable thereunder. All costs and expenses of Arbitration, including compensation, expenses of the arbitrator, shall be borne by the parties equally.

I acknowledge that I have read, understand and agree to abide by the terms of the, RELEASE AND PRIVACY STATEMENT.

Signature of Applicant: _____ Date: _____

Note: Your signature on this document acknowledges your consent for a employment verification process to be completed.

EMPLOYMENT VERIFICATION & REFERENCE FORM

I authorize the release of previous dates of employment, performance and work history, and attendance records. I agree to hold harmless any previous employers or personal references for the information and comments they disclose to any potential employer.

Applicant Name: _____
(Please Print)

Social Security Number: : _____ / _____ / _____ Date: _____

Applicant Signature: _____

The applicant named above has given us your name and/or company name as a reference of employment. We would appreciate your responses to the applicable questions and make additional comments or insight that may be of assistance in our making a decision to offer employment. Your response is kept confidential.

TO: (Company Name)		DATE:	
ATTENTION:		PHONE:	
TITLE:			



THIS SECTION TO BE FILLED OUT BY PREVIOUS EMPLOYER



Dates of Employment: From: _____ / _____ / _____ To _____ / _____ / _____

Position(s) held: _____

Job performance: Satisfactory Unsatisfactory

Attendance History: Satisfactory Unsatisfactory

Reason for Leaving: Terminated Lay-off Resigned Other:

If other please explain: _____

Eligible for rehire? Yes No

Additional Comments: _____

Thank you for your assistance and prompt response to this inquiry.

Please fax completed form to:

810-742-4355

Genesis Total Healthcare, LLC.
3089 Tri Park Drive, Grand Blanc, MI 48439
Ph: 810-742-4353 ~ Fax: 810-742-4355



**Employment Applicant
Consent and Disclosure**
Division of Adult Foster Care and
Home for the Aged Licensing

Part 1 – Consent
Part 2 – Applicant information
Part 3 – Disclosure
Part 4 – Conditional Employment
Part 5 – Applicant Rights

Effective April 1, 2006, adult foster care and home for the aged facilities cannot employ, independently contract with, or grant clinical privileges (HFA only) to an individual who regularly has direct access to or provides direct services to residents of an adult foster care or home for the aged facility until the facility conducts a background check.

NOTE: Throughout this form:

- Clinical privileges only apply to home for the aged facilities.
- Employee includes persons independently contracted with and/or those granted clinical privileges.

An individual who has applied and received a good faith offer of employment, independent contract, or clinical privilege, must give written consent at the time of application for the adult foster care or home for the aged facility to conduct a background check including a criminal history check utilizing the individual's fingerprints. If conditionally employed, the individual must provide a written statement that he or she has not been convicted of a crime within the time frames described in MCL 400.734b and MCL 333.20173a.

Licensee Name: _____

Employment Applicant Name: _____

Facility Name: _____

Facility License Number: _____

The AFC or HFA facility:

- a. Shall not knowingly employ a worker, with direct access to or provides direct services to residents, who has been convicted of a disqualifying crime or been the subject of a substantiated finding of patient/resident neglect, abuse, or misappropriation of property by a state or federal agency.* "Direct access" means regular access to a resident, or to a 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 an individual at any stage of this process.
- c. May conditionally employ an individual pending the results of the fingerprint criminal record check, if all registries have been reviewed and fingerprints submitted within 10 days.
- d. Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability for employment.
- e. Must retain verification of compliance with background check requirements in each employee's personnel file and make available for Department review upon request.
- f. Makes the final employment decision.

Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for employment:

- a. I consent to the AFC/HFA facility conducting a background check of relevant registries in addition to a fingerprint-based search of state and federal criminal records.
- b. I consent to the release of the above information to the AFC/HFA facility and the state departments of Human Services, Community Health and State Police.
- c. I understand, except for a knowing or intentional release of false information, an AFC/HFA facility has no liability in connection with a background check conducted under MCL 400.734b and MCL 333.20173a, or the release of criminal history record information for the purposes of making an employment decision.
- d. I understand that the AFC/HFA facility makes the final employment decision. I also understand that the AFC/HFA facility may terminate the background check or decide not to hire me at any stage of this process.
- e. 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 Other

Social Security Number:

ADDRESS

Street Address:
City: State: Zip Code: County:
Job Title: Conditional Hire Date:

STATE ID/DRIVER'S LICENSE

Driver's License or State/Canadian ID Number:

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 crimes may disqualify you from working in an adult foster care or home for the aged facility:

- a. **Relevant Crime Described under 42 USC 1320a-7** is a statutory provision within the Federal Social Security Act which describes a number of crimes for which a conviction will exclude an individual from participation in any federal health care program. The crimes include patient abuse, health care fraud, as well as 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.

Listed below are all offenses that I have been convicted of, including all terms and conditions of sentencing, parole and probation, and/or any 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 AFC/HFA facility 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, the statute requires my employment be terminated unless I have successfully appealed the disqualifying information as inaccurate, expunged or set aside.
- b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of resident neglect, abuse, or misappropriation of property, I may be found 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 further understand that as a condition of continued employment, I am required to report to the AFC/HFA facility immediately upon being arraigned on a felony charge or convicted of one or more of the criminal offenses described in MCL 400.734b or MCL 333.20173a, or found "not guilty by reason of insanity," or subject of a 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 – Employment Applicant Rights

- a. 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.
- b. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if a conviction contained in the criminal history record is expunged or set aside, I have the right to file an appeal to the Department of Human Services.

NOTE: If requested by the applicant, the AFC/HFA facility can provide a copy of any disqualifying information found on any relevant registry.

Signature of Applicant

Date

* This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or the Adult Protective Services Act.