



GRANDVUE MEDICAL CARE FACILITY
 1728 South Peninsula Road
 East Jordan, MI 49727
 p: (231) 536-2286
 f: (231) 536-2476

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
Name:				
Present Address:	City:	State:	ZIP:	How many years?
Previous Address:	City:	State:	ZIP:	How many years?
Phone Number:	Email:			
Are you 18 years of age or older?		Yes	No	
Are you legally authorized to work in the United States?		Yes	No	
Have you ever been convicted or are you presently charged with a felony? If so, where and when, and explain circumstances:		Yes	No	

MILITARY SERVICE		
U.S. Military Service:	Branch:	Dates of Service:
Were you honorably discharged?		Yes No
Reserve Status:		
Specialized training and duties:		

EMPLOYMENT DESIRED			
Position:	Part Time	Full Time	Date you can start:
Specify any days or times you are not available for work:			
Are you currently employed?		Yes	No
If so, may we contact your present employer?		Yes	No
Have you ever been employed by Grandvue?		Yes	No
If so, when?			
Do you have any relatives employed by Grandvue?		Yes	No
If so, please provide name(s):			

EMPLOYMENT HISTORY		
How much time did you miss from work in the past year?		
Have you ever been discharged by an employer or resigned in lieu of discharge?		Yes No
Have you ever been disciplined (other than discharge) by an employer?		Yes No
If you answered yes, to any of the previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution:		

EMPLOYMENT HISTORY (cont.) – List your last four employers, beginning with present

EMPLOYER'S NAME:					Dates (month and year)	
					From	To
Street Address:		City:	State:	ZIP	Telephone:	
Supervisor (name and title)			Your Title		Wages	
Duties and Responsibilities:						
Reason for Leaving:						
EMPLOYER'S NAME:					Dates (month and year)	
					From	To
Street Address:		City:	State:	ZIP	Telephone:	
Supervisor (name and title)			Your Title		Wages	
Duties and Responsibilities:						
Reason for Leaving:						
EMPLOYER'S NAME:					Dates (month and year)	
					From	To
Street Address:		City:	State:	ZIP	Telephone:	
Supervisor (name and title)			Your Title		Wages	
Duties and Responsibilities:						
Reason for Leaving:						
EMPLOYER'S NAME:					Dates (month and year)	
					From	To
Street Address:		City:	State:	ZIP	Telephone:	
Supervisor (name and title)			Your Title		Wages	
Duties and Responsibilities:						
Reason for Leaving:						

VERIFICATION

I understand that I may be required to submit to a physical examination, which may include a drug test, as part of the application process and that I must satisfactorily pass such an examination before I can start to work.

I have read and fully understand the questions on this application for employment and have completely, truthfully, and accurately answered each question to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts will be cause for immediate dismissal.

I authorize and request licensing boards, references, educational institutions and my former employers, to provide Grandvue Medical Care Facility with any information requested pursuant to its investigation and employment decision. I also authorize and request federal, state and local governmental agencies to release to Grandvue Medical Care Facility any information concerning any criminal convictions on my record.

I further understand and agree that if I am hired, unless I am covered by a union contract or other written agreement to the contrary, signed by me or on my behalf as a bargaining unit member, that my employment is at will and that it may be terminated, either by me or by Grandvue Medical Care Facility, at any time, with or without notice or cause. It is with this full understanding of Grandvue Medical Care Facility's exclusive right to make such discharge decisions, that I will accept employment offered to me.

Please sign application and consent forms and return to:

**Grandvue Medical Care Facility fax: (231) 536-2476
1728 S. Peninsula Road
East Jordan, MI 49727
Attn: HR**

email: jkorthase@grandvue.org

Signature of Applicant

Date

Interviewed by

Date

PUBLIC ACT 28
Passed April 1, 2006

Public Act 28 of 2006 states that a health facility or agency that is a nursing home or county medical care facility 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 health facilities or agencies if the individual satisfies one or more of the following:

1. He or she had been convicted of certain felonies, or an attempt or conspiracy to commit certain felonies, unless 15 years had elapsed since the individual completed all of the terms and conditions of sentencing, parole, or probation prior to application for employment or clinical privileges or the date of execution of the independent contract. Felonies prohibited within 15 years would include the following:
 - A felony involving the intent to cause death or serious impairment of 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 or the use of force or violence;
 - A felony involving cruelty or torture;
 - A felony against a vulnerable adult;
 - A felony involving criminal sexual conduct;
 - A felony involving the use of a firearm or dangerous weapon; or
 - A felony involving the diversion or adulteration of a prescription drug or other medications.
2. He or she had been convicted of other felonies not listed as 15 year prohibitions, or an attempt or conspiracy to commit other felonies not listed as 15 year prohibitions felonies, unless 10 years had elapsed since the individual completed all of the terms and conditions of sentencing, parole, or probation prior to application for employment or clinical privileges or the date of execution of the independent contract.
3. He or she had been convicted of a misdemeanor that involved abuse, neglect, assault, battery, criminal sexual conduct, fraud, or theft, or a similar state or federal misdemeanor, within the 10 years immediately preceding the date of application. Misdemeanor offenses with 10 year bans would include the following:
 - 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 the use of force or violence or the threat of the use of force or violence;
 - A misdemeanor against a vulnerable adult;
 - A misdemeanor involving criminal sexual conduct;
 - A misdemeanor involving cruelty or torture, unless less than 16 years of age at the time of conviction; or
 - A misdemeanor involving abuse or neglect.
4. He or she had been convicted of the following misdemeanors or relevant federal health care fraud and abuse crime, within the 5 years immediately preceding application. Misdemeanor offenses with 5 year bans would include the following:
 - A misdemeanor involving cruelty if committed before age 16 at the time of conviction;
 - A misdemeanor involving home invasion;
 - A misdemeanor involving embezzlement
 - A misdemeanor involving negligent homicide;
 - A misdemeanor involving larceny;
 - A misdemeanor involving retail fraud in the second degree, unless less than 16 years of age at the time of conviction, or
 - A misdemeanor involving assault, fraud, or theft, or possession or distribution of a controlled substance that is not otherwise identified by another section of the statute.
5. He or she had been convicted of the following misdemeanors within 3 years immediately preceding the date of application. Other misdemeanor offenses would include the following:
 - A misdemeanor for assault if there was not use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury;
 - A misdemeanor of retail fraud in the third degree, unless less than 16 years of age at the time of conviction; or
 - Misdemeanor drug violations under the Public Health Code, unless less than 18 years of age at the time of conviction.
6. He or she had been convicted of one of the following misdemeanors within 1 year immediately preceding the date of application:
 - Any misdemeanor drug violations under the Public Health Code if under the age of 18 at the time of conviction; or
 - A misdemeanor for larceny or retail fraud in the second or third degree if under the age of 16 at the time of conviction.
7. He or she is the subject of an order declaring not guilty by reason of insanity under the Code of Criminal Procedure.
8. He or she had been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under federal health care law.
9. He or she has ever been convicted of federal health care fraud or abuse felonies.



- 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.