

**GRANDVUE MEDICAL CARE FACILITY
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

Name _____ **Social Security Number** _____
Last First Middle

Present Address _____ **How many years?** _____
Street City State ZIP

Previous Address _____ **How many years?** _____
Street City State ZIP

Phone No. _____ Are you 18 years of age or older? Yes ____ No ____

Are you a U. S. Citizen? Yes ____ No ____

Have you ever been convicted or are you presently charged with a felony? Yes ____ No ____ If so, where and when, and explain circumstances:

MILITARY SERVICE

Service _____ Branch _____ Dates of Service: From ____ To ____

Were you honorably discharged? _____ 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 employed now? _____ If so, may we inquire of your present employer? _____

Have you ever been employed by Grandvue? Yes ____ No ____ When? _____

Have you any relatives employed by Grandvue? Yes ____ No ____ Who? _____

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, on an attached signed sheet _____

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

Employer's Name _____ **Dates (month and year):**
From _____ **To** _____

Address _____ **Telephone** _____
Street City State ZIP

Supervisor _____ **Your Title** _____ **Wages** _____
Name Title

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer's Name _____ **Dates (month and year):**
From _____ **To** _____

Address _____ **Telephone** _____
Street City State ZIP

Supervisor _____ **Your Title** _____ **Wages** _____
Name Title

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer's Name _____ **Dates (month and year):**
From _____ **To** _____

Address _____ **Telephone** _____
Street City State ZIP

Supervisor _____ **Your Title** _____ **Wages** _____
Name Title

Duties and Responsibilities: _____

Reason for Leaving: _____

Employer's Name _____ **Dates (month and year):**
From _____ **To** _____

Address _____ **Telephone** _____
Street City State ZIP

Supervisor _____ **Your Title** _____ **Wages** _____
Name Title

Duties and Responsibilities: _____

Reason for Leaving: _____

EDUCATION

Highest grade completed

1 2 3 4 5 6 7 8
Grade School9 10 11 12
High School1 2 3 4
College

Name of last school attended _____

Vocational or trade training _____

Do you hold any licenses or certificates? If so please list: _____

Have you ever had any license or certification placed under investigation, disciplinary action, suspended, revoked or put on probation? Yes _____ No _____

Have you ever been denied a license or certification? Yes _____ No _____

If you answered yes to either of the above questions, explain in detail on an attached signed statement.

REFERENCES (Give the names of three persons, not related to you, whom you have known at least one year.)

Name	Business	Years Acquainted
1. _____		
Address _____		Phone _____
2. _____		
Address _____		Phone _____
3. _____		
Address _____		Phone _____

In case of emergency, notify:

Name _____

Address _____ Phone _____

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.

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.