

# St. Ann's Home

## READ THIS BEFORE YOU FILL OUT THE APPLICATION

Dear Applicant:

This facility is required by law to obtain a criminal arrest record before we can make a permanent offer of employment. If you have ever been convicted of one or more of the following charges, please disqualify yourself immediately and do not fill out the application.

1. Assault, battery, or assault and battery with a dangerous weapon
2. Aggravated assault and battery
3. Murder or attempted murder
4. Manslaughter, except involuntary manslaughter
5. Rape, incest or sodomy
6. Indecent exposure and indecent exhibition
7. Pandering
8. Child Abuse
9. Abuse, neglect or financial exploitation of any person entrusted to his/her care
10. Burglary in the first or second degree
11. Robbery in the first or second degree
12. Robbery or attempted robbery with a dangerous weapon or imitation firearm or
13. Arson in the first or second degree
14. Unlawful possession or distribution or intent to distribute unlawfully, schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act
15. Grand larceny; or
16. Petit larceny or shoplifting within the past seven (7) years

# APPLICATION FOR EMPLOYMENT

ALL APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, MEDICAL CONDITION OR HANDICAP, OR ANY OTHER STATUS PROTECTED BY LAW. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL (PLEASE PRINT) DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ SSN: \_\_\_\_\_  
                     Last                      First                      Middle

ADDRESS \_\_\_\_\_  
                     NO.                      STREET                      CITY                      STATE/ZIP

TELEPHONE # \_\_\_\_\_ MESSAGE PHONE # \_\_\_\_\_

Are you over 18 years of age? \_\_\_ YES \_\_\_ NO If no, a work permit will be required

Are you legally eligible for employment in the U.S.? \_\_\_ YES \_\_\_ NO If hired, verification will be required by law

POSITION(S) APPLIED FOR \_\_\_\_\_ SHIFTS ABLE TO WORK \_\_\_\_\_

\_\_\_ FULL TIME \_\_\_ PART TIME If part time, specify when available \_\_\_\_\_

REFERRED BY: \_\_\_ Our Advt. \_\_\_ Emp. Agency \_\_\_ Friend or Relative \_\_\_ No One

Date available to start work \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary or Wages desired \$ \_\_\_\_/hr

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ position? \_\_\_\_\_

Indicate special qualifications or skills \_\_\_\_\_

EDUCATION NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	MAJOR: DEGREE		
OTHER			

Are you employed at the present time? \_\_\_\_\_ If hired will you work overtime if required? \_\_\_\_\_

Have you ever been bonded in prior employment? \_\_\_\_\_ If yes, list names of employers: \_\_\_\_\_

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? \_\_\_\_\_ If yes, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for). \_\_\_\_\_

CONTINUED ON REVERSE SIDE

9400 St. Ann's Drive, Oklahoma City, OK 73162-(405) 728-7888 – FAX (405) 728-1302  
 "Reaching Out With Loving Care"

**PRIOR EMPLOYMENT** (start with most recent employer)

EMPLOYER:	PHONE	FROM:	TO
ADDRESS:	CITY, STATE, ZIP	POSITION:	
DUTIES:		SUPERVISORS NAME	
		STARTING SALARY/WAGES	
REASON FOR LEAVING:		FINAL SALARY/WAGES	
EMPLOYER:	PHONE	FROM:	TO:
ADDRESS:	CITY, STATE, ZIP	POSITION:	
DUTIES:		SUPERVISORS NAME	
		STARTING SALARY/WAGES	
REASON FOR LEAVING:		FINAL SALARY/WAGES	
EMPLOYER:	PHONE	FROM:	TO:
ADDRESS:	CITY, STATE, ZIP	POSITION:	
DUTIES:		SUPERVISORS NAME	
REASON FOR LEAVING:		FINAL SALARY/WAGES	

**PERSONAL REFERENCES**

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company. I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion with or without cause and with or without prior notice.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

ST. ANN'S NURSING HOME

REFERENCE CHECK

I, \_\_\_\_\_ hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, work habits, character and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SSN: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

PREVIOUS EMPLOYER/COMPANY NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ ENDING PAY \_\_\_\_\_

PAST EMPLOYER: PLEASE RATE THE PREVIOUS EMPLOYEE WITH P=POOR, F=FAIR, G=GOOD, E=EXCELLENT, Y=YES AND N=NO

ATTENDANCE/TARDINESS \_\_\_\_\_ EMPLOYMENT DATES CORRECT \_\_\_\_\_

COOPERATION \_\_\_\_\_ JOB KNOWLEDGE \_\_\_\_\_

INITIATIVE \_\_\_\_\_ EVER A NO-SHOW? \_\_\_\_\_

PRODUCTIVITY \_\_\_\_\_ ELIGIBLE FOR REHIRE? \_\_\_\_\_

RELIABLE? \_\_\_\_\_ SAFE WORK PRACTICES \_\_\_\_\_

Please fax back to ST. ANN'S NURSING HOME  
(405) 728-1302

ATTENTION \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# FOR OFFICE USE ONLY

To be placed with employees application after completion

Reference # One Date _____	Called and Confirmed Employment _____	Unable to Contact _____
Reference # Two Date _____	Called and Confirmed Employment _____	Unable to Contact _____
Reference # Three Date _____	Called and Confirmed Employment _____	Unable to Contact _____

## Licensed Professional Verification

Type of License \_\_\_\_\_ Licensing Board Contacted \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SSN# \_\_\_\_\_ D.O.B. \_\_\_\_\_

LICENSE/CERTIFICATE# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

In good standing with no restrictions  
 Restrictions present (fill in type of restriction) \_\_\_\_\_  
 Inactive status \_\_\_\_\_  
 Other explain \_\_\_\_\_

## NURSE AIDE REGISTRY VERIFICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

SSN# \_\_\_\_\_

Certificate# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Not on registry  
 In good standing  
 Abuse Pending  
 Abuse Conviction  
 No Abuse

\_\_\_\_\_  
Signature of person calling registry

\_\_\_\_\_  
Title

# Registry and Criminal History Record Check Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that *an applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

**Employer must retain the signed applicant consent.**

**Instructions to Applicant:** Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. **Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting.** With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

**Declarations:** By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(I)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Last Name: \_\_\_\_\_

What Other Aliases/Names Have You Used? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present City/State/Zip: \_\_\_\_\_

In What Other States Have You Lived After 18 Years Of Age? \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

\_\_\_\_\_  
Applicant's Signature Date

# Provisional Employment Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(L)(2), which requires a written statement from the applicant affirming and agreeing to the following:

1. The applicant is not disqualified from employment, an independent contract, or clinical privileges, based on the disqualifying criteria defined in subsection D of [Title 63 O.S. Section 1-1947];
2. The applicant agrees that, if the information in the registry screening and criminal history record check conducted under this section does not confirm the individual's statements under subparagraph a of this paragraph, his or her employment, independent contract, or clinical privileges shall be terminated by the employer as required under subsection D of [Title 63 O.S. Section 1-1947] unless and until the individual appeals and can provide that the information is incorrect;
3. That the applicant understands that the conditions described in paragraphs 1 and 2 may result in the termination of employment, independent contract, or clinical privileges, and that those conditions are good cause for termination; and
4. The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Where an individual is employed as a conditional employee, or has a conditional independent contract, or is granted conditional clinical privileges and the criminal history does not confirm the individual's statements under paragraph 1 above, the employer shall terminate the individual's employment, independent contract, or clinical privileges, as required by subsection E of [Title 63 O.S. Section 1-1947].

**A signed copy of this form OR AN EQUIVALENT STATEMENT  
must be kept in the Human Resource file of the employee.**

**BEFORE BEGINNING PROVISIONAL EMPLOYMENT**

**THE EMPLOYER MUST COMPLETE THE REGISTRY SCREENINGS IN OK-SCREEN**

**THE EMPLOYER MUST REQUEST AUTHORIZATION TO FINGERPRINT  
OR JOIN A PENDING DETERMINATION**

**THE APPLICANT MUST SIGN A STATEMENT  
AFFIRMING THE CONDITIONS FOR PROVISIONAL EMPLOYMENT**



# Provisional Employment Form – Page 2

**PLEASE INITIAL EACH ITEM.**

- \_\_\_\_\_ I have not failed to comply with all federal, state and municipal laws as applicable to my professional license, certification, permit or employment class, as established by the authority having jurisdiction for my professional license, certification, permit, or employment class;
- \_\_\_\_\_ I am not subject to an exclusion as described under Title 42 of the United States Code, Section 1320a-7;
- \_\_\_\_\_ I am not currently the subject of a substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United State Code, Section 1935i-3(g)(1)(c) or 1396r(g)(1)(c), or Section 1-1950.7 or 1-1951 Title 63 of Oklahoma Statutes.
- \_\_\_\_\_ I am not entered on the community services worker registry pursuant to Section 1025.3 of Title 56 of the Oklahoma Statutes.
- \_\_\_\_\_ I am not recorded on the Child Care Restricted Registry pursuant to Section 405.3 of Title 10 of the Oklahoma Statutes.
- \_\_\_\_\_ I am not registered pursuant to the Sex Offenders Registration Act, the Mary Rippy Violent Crime Offenders Registration Act, or registered on another state's sex offender registry;

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(L)(2), by my signature below I affirm and agree to the following:

- a. I am not disqualified based on the disqualifying criteria listed above,
- b. I agree that, if the information in the registry screening and criminal history record check confirms that I am disqualified based on disqualifying criteria listed above, my employment, independent contract, or clinical privileges will be terminated unless and until I have appealed the determination and can provide that the information is incorrect, and
- c. I understand that false statements about disqualifying criteria will result in the termination of my employment, independent contract, or clinical privileges, and that those conditions are good cause for termination.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(N), The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(O), *an individual who knowingly provides false information regarding his or her identity, criminal convictions, or substantiated findings on a statement described in subparagraph a of paragraph 2 of subsection L of this section is guilty of a misdemeanor punishable by a fine of not less than One Hundred Dollars (\$100.00) nor more than Three Hundred Dollars (\$300.00), imprisonment in the county jail for not more than thirty (30) days, or by both such fine and imprisonment.*

My signature acknowledges that I have read, understand and accept the terms and conditions outlined on this form.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Employment Disqualifiers in the Long Term Care Security Act** **Title 63 O.S. Section 1-1945 et. seq.**

Pursuant to Title 63 of the Oklahoma Statutes, Section 1-1947(D), an employer shall not employ, independently contract with, or grant clinical privileges to any individual who has direct patient access to service recipients of the employer, if one or more of the following are met:

- Failure to comply with any federal, state or municipal laws applicable to your license, certificate, permit, or employment class as established by the authority having jurisdiction for your license, certificate, permit, or employment class.
- If you are identified on one of the following registries:
  - The exclusion list as described under Title 42 of the United States Code, Section 1320a-7
  - A substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United States Code, Sections 1395i-3(g)(1)(C) or 1396r(g)(1)(c), or Sections 1-1950.7 or 1-1951 of Title 63 of the Oklahoma Statutes
  - Oklahoma Community Services Worker Registry
  - Oklahoma Child Care Restricted Registry
  - Any State or National Sex Offender registry
  - Oklahoma Violent Offender registry

**The following criminal offenses apply to nurse aides, non-technical service workers, and those employment classes not otherwise licensed, certified or permitted for the purpose of employment with an employer subject to the Long Term Care Security Act:**

If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

If less than seven (7) years have elapsed since the **completion of sentence**, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

\*Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.