

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer - This facility does not discriminate on the basis of race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, or citizenship in admission or access to or treatment or employment in its programs and activities. This facility will coordinate efforts to comply with all agencies enforced by EEOC.

What facility are you applying for? _____ MAPLE MANOR (WAYNE) _____ MAPLE MANOR (NOVI)

Date: _____

Name: _____ Social Security No. _____
Last First Middle

Address _____ Tel. No. () _____ AM

City _____ State _____ Zip Code _____ Tel. No. () _____ PM

Position(s) applied for: _____ Salary _____ desired _

Are you applying for: Full-time Part-time Contingent Contract Labor Summer Employment

If seeking part-time work, specify the number of days per week _____

How soon will you be available for employment? _____

Shift preference (check one)	If preferred shift is unavailable, will you work?	If required, will you work?
Day _____	Day Yes _____ No _____	Saturdays Yes _____ No _____
Evening _____	Evening Yes _____ No _____	Sundays Yes _____ No _____
Night _____	Night Yes _____ No _____	Holidays Yes _____ No _____
		Rotating Shifts Yes _____ No _____

Are you either a US citizen or an Alien who has the legal right to work in the job(s) for which you are applying?

Yes _____ No _____

Are you 18 or older? Yes _____ No _____

Have you ever been convicted of any felony other than a minor traffic violation? Yes _____ No _____

To help us evaluate your application, please describe the nature of felony and your subsequent rehabilitation.

Have you ever been disciplined for resident abuse? Yes _____ No _____

Have you ever been disciplined for child abuse? Yes _____ No _____

Do you have relatives or friends employed at this company? Yes _____ No _____ Have

you ever been employed by this company? Yes _____ No _____

If yes, dates, position and department employed. _____

Have you ever applied at this company or affiliate before? Yes _____

Are you interested in: _____ Skilled/Rehab _____ Therapy _____ Assisted Living _____ Home Health Care _____

_____ Dietary _____ Housekeeping/Laundry _____ Maintenance _____ Admin _____ Other

Are you or a friend interested in our school Avanti Career Institute which has a 12 day course to be a certified nurse's assistant? _____ Yes _____ No

Are you or a friend interested in working for our company Avanti Home Health Care where you can earn extra income by following your patients home? _____ Yes _____ No

How were you referred? Newspaper Ad _____ Friends/Relative _____ Job Fair _____ Employee _____ Other _____

PLEASE MAIL, FAX OR EMAIL YOUR COMPLETED APPLICATION TO:

Maple Manor (Wayne) Human Resources, 3999 Venoy Road Wayne, MI 48184 FAX TO: # 734-727-0441

Maple Manor (Novi) Human Resources, 31215 Novi Road, Novi MI 48377 FAX 248-624-8810

Email: jessalyn@maplemanorrehab.com

Beginning with your current or last employer, list the last four positions or employment held by date.

Name of Employer		Telephone Number	
Address	City	State	Zip Code
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor	
Dates From _____ To _____		Hours / Week	Position held
Starting Salary	Ending Salary	Reason for Leaving	
Duties			

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Address	City	State	Zip Code
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor	
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Address	City	State	Zip Code
When may this employer be contacted? _____ Now _____ After offer of employment		Name and Title of Supervisor	
Dates From _____ To _____		Hours / Week	Position held
Starting Salary	Ending Salary	Reason for Leaving	
Duties			

Granting and continued employment is conditioned upon receipt of favorable references.

RECORD OF EDUCATION

School	Name and Address	Course of Study	Circle Last Year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	
Other				

LANGUAGE SKILLS: (Other Than English)

Please identify other languages that you Speak _____ Write _____ Read _____
 Computer software skills _____ Typing approximate WPM _____
 Other Special Skills _____

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

Currently Registered No. _____ Licensed No. _____ Certified No. _____

IF LICENSED, REGISTERED, OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration

REFERENCES

Professional References Only. (References should not be friends, relatives, or clergy.)

Name	Address	Telephone	Relationship

Can you provide any Letters of Recommendation? Yes _____ No _____

QUESTION (Response Required) Why Should We Hire You? What Can You Contribute to the Company?

REFERENCE VERIFICATION / RECORD INFORMATION RELEASE

<input type="checkbox"/> Phone <input type="checkbox"/> Mail	Date Mailed / Called	By Whom
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To Whom It May Concern:

I have applied to **MAPLE MANOR REHAB CENTER or any of its affiliated companies** for employment. To enable **MAPLE MANOR REHAB CENTER** to properly evaluate my qualifications, I request and authorize you to release and furnish to **MAPLE MANOR REHAB CENTER** any and all information in your record or files, or within your knowledge, concerning my present and/or past employment with you. I authorize all persons, schools, current employer, previous employers, and/ or organizations named in this application or provided by me to the facility, to provide this facility with any relevant information that may be requested by the facility. I also hereby indemnify, waive, discharge and release all parties seeking and providing information from any and all claims, liability, damage or loss whatsoever that may result from this information's release, disclosure, maintenance, or use.

_____ Signature of Applicant	_____ Date
_____ Printed Name of Applicant	_____ Other Name(s) while employed
_____ Social Security Number	

COMPANY NAME: **MAPLE MANOR REHAB CENTER**

In consideration of my employment I agree to conform to all of the rules, and regulations and employee handbook of this facility and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of either this facility or myself. I also understand and agree that the company rules, handbook terms and conditions or my employment may be changed, with or without cause, and with or without notice, at any time by this facility. I understand that no employee, owner or representative of this facility, has any authority to enter into any agreement for employment for any specified period of time, unless the agreement is signed in writing by the owner. I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, may cause my discharge at any time. As a condition of my employment, and continued employment, I agree not to file any action or suit relating to any employment. For any and all claims, grievances or disputes, I understand that my sole and exclusive recourse is to resign and seek employment elsewhere since I am an employee at will, since I have the ability to leave at anytime, and since I have no vested rights, interests, or entitlements. I indemnify, release, waive, discharge and hold my Employer harmless for any past, present or future claims. I warrant and represent that I waive all rights right to sue or file any kind of complaint, claim or charge for any reason whatsoever with any court or government agency. As a condition of employment, I hereby consent to testing for drug and alcohol use, as determined to be appropriate by management, either before being hired or at any time during my employment with this facility.

Date _____ Signature _____

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Date of Birth	Maiden Name (if applicable)				
Person to notify in case of emergency				Relationship	
Address	City	State	Zip Code	Area Code	Telephone Number

LONG TERM CARE WORKFORCE BACKGROUND CHECK APPLICATION FORM

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

Michigan Public Acts 27, 28 and 29 of 2006 requires that a health facility or agency that is a:

- | | |
|---|--|
| <input type="checkbox"/> psychiatric facility | <input type="checkbox"/> hospital that provides swing bed services |
| <input type="checkbox"/> ICF/MR | <input type="checkbox"/> home for the aged |
| <input type="checkbox"/> nursing home | <input type="checkbox"/> home health agency |
| <input type="checkbox"/> county medical care facility | <input type="checkbox"/> adult foster care facility |
| <input type="checkbox"/> 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 or adult foster care facility/agency until the health facility or agency conducts a criminal history check. *Hereafter, note that "clinical privileges" does not apply to adult foster care facility (AFC).*

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health or adult foster care facility/agency 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 or adult foster care facility/agency to conduct a criminal history check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

Health Facility or Agency

Date: _____

Name: _____ License

Number: _____

The health or AFC facility/agency:

- May not knowingly employ a worker, having direct access to patients or residents, who has been convicted of a relevant 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.
- May terminate the background check or may determine not to hire the individual at any stage of the process.
- May, after completion of all relevant registry and database checks, determine that it is necessary to conditionally employ or conditionally grant clinical privileges pending the results of the state and federal fingerprint criminal history record check.
- Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability of employment in a long-term care setting.
- Must retain verification of compliance with background check requirements.
- Will make the final employment decision, and will notify the applicant.

Part 1 – Consent

Name of Applicant: _____

Application for:	Check One	Name of Position Type
	Employment	
	Independent Contractor	
	Clinical Privileges <i>(does not apply to AFC)</i>	

As a condition of being considered for employment or hiring:

- a. I hereby consent to and authorize the health or AFC facility/agency to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a search of state and federal criminal history records that include a fingerprint-based check. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Community Health, Human Services, Corrections, and State Police.
- b. I hereby authorize the release of any relevant information to the health or AFC facility/agency to be used to conduct the background check as required under Michigan Public Acts 27, 28 and 29 of 2006.
- c. I hereby provide the following information necessary to conduct a criminal background check:

Drivers License or State/Canadian ID Number		Place of Birth		Date of Birth	
Race	Height	Weight	Eye Color	Hair Color	

- d. I understand that the health or AFC facility/agency will make the final employment determination. I also understand that the health or AFC facility/agency may terminate the background check or determine not to hire at any stage of the process.
- e. I understand that the health or AFC facility/agency, 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.

Signature of Applicant

Date

Part 2 – Disclosure

a. I hereby certify that I have not been convicted of a crime or offense that prohibits my employment, hire, or granting of clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006, within the applicable time period prescribed by each crime. (Request health or AFC facility/agency to provide the “legal guide” for review purposes.)

Signature of Applicant _____
Date

b. I hereby certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of “not guilty by reason of insanity” for any crime.

Signature of Applicant _____
Date

c. I hereby certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.

Signature of Applicant _____
Date

d. I hereby disclose, by listing below, all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation therefore, 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

e. I hereby certify that I have read the “legal guide” that lists the prohibited offenses as defined in P.A. 27, 28 and 29, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse, or misappropriation of property (if any) is true, correct, and complete to the best of my knowledge.

Signature of Applicant _____
Date

Part 3 – Conditional Employment

If the health or AFC facility/agency determines it necessary to employ or grant clinical privileges pending the results of the state and federal criminal history background check, I understand the following:

- a. If the background check does not confirm my disclosure statement made above, my employment or clinical privileges 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. Further, I understand that pursuant to Michigan Public Acts 27, 28 and 29 of 2006, I agree that as a condition of continued employment, either as an employee, independent contractor, or as an individual granted clinical privileges, I shall report in writing to the health or AFC facility/agency immediately upon being arraigned or convicted of one or more of the criminal offenses as described in the “legal guide”, 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 4 – Applicant Rights

- a. I understand that upon my request, the health or AFC facility/agency must 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 record information found on any relevant registry or database is inaccurate, that it is my responsibility to correct the record information by directly contacting the appropriate registry/database owner.
- c. I understand that if I believe the results of the criminal history fingerprint record is 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 to the appropriate state licensing or regulatory department.

Signature of Applicant

Date

Part 5 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health or AFC facility/agency provides to the applicant.



PHYSICAL EXAM REQUIREMENT



INSTRUCTIONS:

Please call Livonia Diagnostic Center to schedule your pre-employment physical.

Address:

Livonia Diagnostic Center
10475 Farmington Rd
Livonia, MI 48150

Phone:

(734) 427-9440

Thank you for your prompt cooperation!