

MAPLE MANOR REHAB CENTER
3999 VENOY ROAD WAYNE, MI 48184
734-727-0440

MAPLE MANOR REHAB CENTER
31215 NOVI ROAD, NOVI MI 48377
(248) 626-1114

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 OR FAX YOUR COMPLETED APPLICATION TO:

Maple Manor Rehab Center, Attn: Human Resources, 3999 Venoy Road Wayne, MI 48184 FAX TO: # 734-727-0441

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
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Dates From _____ To _____		Hours / Week	Position held
Starting Salary	Ending Salary	Reason for Leaving	
Duties			

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** 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 I have no right to sue or file any kind of complaint, claim or charge for any reason whatsoever with any court or government agency. To the extent any claim may be filed, I further understand that such claim must be filed within thirty days after the event actually occurs and I hereby waive any state or federal statute of limitation to the contrary and I also waive the possibility of extending such the thirty day statute of limitation period under the continuing violation doctrine. 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:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- hospice
- hospital that provides swing bed services
- home for the aged
- home health agency
- adult foster 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 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
	<input type="checkbox"/>	Employment	
	<input type="checkbox"/>	Independent Contractor	
	<input type="checkbox"/>	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.

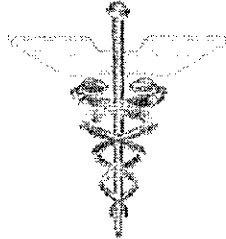
Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

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



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!