

MOHUN HEALTH CARE CENTER

APPLICATION FOR EMPLOYMENT

It is our policy to seek and employ the best-qualified personnel and to provide advancement opportunities including upgrading, promotion and training. Various federal, state and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. This facility is an equal opportunity employer and your response to any questions will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking. Each applicant shall be considered equally and without discrimination.

Date of Application ____/____/____

How were you referred? _____

Personal Information

Name (Last): _____ (First): _____ (Middle): _____

Address: _____ (City/ State): _____ (Zip): _____

Home/ Cell Phone: (_____) _____ Social Security No. : _____ - _____ - _____

Alternate Contact #: (_____) _____ Email: _____

Position Applying For: _____ Date Available: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

On what date are you available? _____

What schedule are you looking for? _____ Full-Time (over 30 hrs/ wk); _____ Regular Part Time (20-29 hrs/ wk);

Shift: 1st 2nd 3rd _____ Part-Time (under 20 hrs/ wk) _____ PRN (as needed)

Have you applied/ worked with us before? Yes No *If yes, when and for what position?* _____

Are any previous employment records kept under a different name? Yes No *If Yes, what name:* _____

Education

Completed High School: Yes No *If No, Years Completed (check one):* 1 2 3 4 GED: Yes No

Name and Location of High School: _____

Certification or Other Training/ Skills: _____

College Years Completed (check one): 1 2 3 4 Graduate School: Yes No

Name and Location of College _____

Degree / Area of Study _____ License # (if applicable) _____

Legal

Are you 18 years of age or over? Yes No. *If No, do you have a work permit?* Yes No

Are you a U.S. Citizen? Yes No. *If no, do you have a legal right and necessary documents to work in the U.S.?* Yes No

Alien Registration No. with Expiration Date: _____

WILL YOUR BACKGROUND CHECK REVEAL ANY CONVICTIONS OR GUILTY PLEAS? Yes No

This includes any conviction(s) that occurred when you were a minor or records that have been sealed or expunged.

ARE YOU CURRENTLY UNDER INVESTIGATION OR HAVE EVER BEEN CONVICTED OF RESIDENT ABUSE, A MEDICARE OR MEDICAID OFFENSE OR BEEN EXCLUDED FROM PARTICIPATION IN A STATE OR FEDERAL HEALTH CARE PROGRAM THAT WOULD PRECLUDE YOU FROM WORKING IN A NURSING FACILITY? Yes No

In accordance with 42 U.S. Code § 1320a-7 and ORC § 3721.121, you are notified that this facility is required to complete an OIG Exclusion Check at the time of application and periodically after employment; and will search your criminal background. Any "convictions of", "pleading guilty to", or "no contest pleas" to the attached listed offenses, when required, will result in termination. If the criminal background check is not returned to us within 30 days of your date of hire, you will be suspended and be subject to termination

References: Name/ Address of 3 persons, not related, whom you have known at least one year, include phone #.

1. _____
2. _____
3. _____

Employment History List employment with your most **recent or current** position first. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name. We are required to complete employment reference checks. *May we contact your present employer?* Yes No.

1. Company Name: _____ **Phone:** _____

Address: _____ City/ State/ Zip _____

Job Title: _____ Supervisor: _____

Dates of Employment-Start: _____ Ending Date: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Duties Included: _____

Reason for Leaving: _____

2. Company Name: _____ **Phone:** _____

Address: _____ City/ State/ Zip _____

Job Title: _____ Supervisor: _____

Dates of Employment-Start: _____ Ending Date: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Duties Included: _____

Reason for Leaving: _____

3. Company Name: _____ **Phone:** _____

Address: _____ City/ State/ Zip _____

Job Title: _____ Supervisor: _____

Dates of Employment-Start: _____ Ending Date: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Duties Included: _____

Reason for Leaving: _____

4. Company Name: _____ **Phone:** _____

Address: _____ City/ State/ Zip _____

Job Title: _____ Supervisor: _____

Dates of Employment-Start: _____ Ending Date: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Duties Included: _____

Reason for Leaving: _____

Please Read Carefully* By signing below, I attest the information provided is truthful and complete.**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, and/ or criminal history. I authorize anyone possessing this information to furnish it to Mohun Health Care Center and I release anyone so authorized from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or during my interview may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of this Facility. I understand my employment is contingent upon the completion of an OIG Exclusion Check before hire and a criminal background check within 30 days of hire.

I understand and agree that if employed, my employment will be "at-will". That is, either I or the Facility may end the employment relationship at any time, for any reason. I understand that receipt of this application does not imply employment and that this application and/ or any other Facility documents are not contracts of employment.

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Applicant's Signature: _____ **Date Signed:** _____

Print Name: _____

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MOHUN HEALTH CARE CENTER

Applicant Notice: You are applying for employment with the above listed Company. To be eligible for employment, you must read and agree to the following 'conditions of employment;' then sign below.

THIS IS A DRUG-FREE WORKPLACE

ANY PERSON EMPLOYED BY MOHUN HEALTH CARE CENTER SHALL BE SUBJECT TO PRE-EMPLOYMENT DRUG SCREEN; RANDOM DRUG SCREENS OR ALCOHOL TESTING MAY BE REQUESTED AT ANY TIME, AT THE FACILITY'S DISCRETION.

VACCINATION REQUIREMENTS

TO BE ELIGIBLE FOR EMPLOYMENT, ALL EMPLOYEES MUST HAVE COMPLETED THE PRIMARY COVID-19 VACCINATION SERIES, AT A MINIMUM, PRIOR TO THEIR EMPLOYMENT WITH THE FACILITY. ADDITIONALLY, ALL EMPLOYEES OF THIS FACILITY ARE REQUIRED TO RECEIVE THE FLU VACCINATION (FREE OF CHARGE) ON AN ANNUAL BASIS. ADVERSE MEDICAL CONDITIONS ARE TAKEN INTO CONSIDERATION.

POST- EMPLOYMENT PHYSICAL

THIS FACILITY REQUIRES ALL EMPLOYEES TO HAVE A MEDICAL EXAMINATION. AFTER AN EMPLOYMENT OFFER HAS BEEN MADE TO A JOB APPLICANT AND BEFORE THE APPLICANT BEGINS THEIR EMPLOYMENT DUTIES, THEY MUST HAVE A MEDICAL EXAMINATION.

ALL OFFERS OF EMPLOYMENT ARE MADE CONTINGENT ON THE MEDICAL EXAMINATION RESULTS. THE SUCCESSFUL APPLICANT MUST BE QUALIFIED AND MUST BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION THEY HAVE APPLIED FOR, WITH OR WITHOUT REASONABLE ACCOMMODATIONS.

CRIMINAL RECORD'S CHECK

TO BE ELIGIBLE FOR EMPLOYMENT WITH THIS FACILITY, EVERY EMPLOYEE WILL BE CHECKED AGAINST THE OIG EXCLUSION CHECKLIST (PRE-EMPLOYMENT and PERIODICALLY POST-EMPLOYMENT). EVERY EMPLOYEE MUST SUBMIT TO A CRIMINAL RECORDS CHECK WITHIN 5 DAYS OF EMPLOYMENT.

.....

I have read and understand the above listed requirements. I understand my employment with the Company is "at will" and is contingent upon the successful passage of my criminal background check, past employment references and my post-employment medical examination.

With my signature, I certify that I currently not under investigation for or been convicted of a crime that may exclude me from employment in a nursing facility. I also understand that a criminal records check is a *condition of employment*.

Applicant's Acknowledgment/ Approval

(Date)

Print Applicant's Name

CRIMINAL BACKGROUND CHECKLIST

(Page 1 of 2)

APPLICANT'S NAME (PRINT): _____

As an applicant, you must disclose your criminal history. You are required to disclose any and all convictions that are on this list by marking 'yes'. "Convictions" include any plea of 'guilt' or 'no contest;' as well as any convictions ('adjudicated delinquent') that may have occurred when you were a juvenile (under the age of 18). If you are employed by this facility, you will be required to submit to a criminal background check with the Bureau of Identification and Investigation (BCII), and if applicable, the FBI.

Please mark Y=Yes or N=No for each of the following sections of the Ohio Revised Code or any violation that may have occurred in another state that is substantially equivalent to the offenses listed. Sealed or Expunged records must be disclosed.

	Y	N
2903.01 AGGRAVATED MURDER; SPECIFIC INTENT TO CAUSE DEATH	<input type="checkbox"/>	<input type="checkbox"/>
2903.02 MURDER	<input type="checkbox"/>	<input type="checkbox"/>
2903.03 VOLUNTARY MANSLAUGHTER	<input type="checkbox"/>	<input type="checkbox"/>
2903.04 INVOLUNTARY MANSLAUGHTER	<input type="checkbox"/>	<input type="checkbox"/>
2903.11 FELONIOUS ASSAULT	<input type="checkbox"/>	<input type="checkbox"/>
2903.12 AGGRAVATED ASSAULT	<input type="checkbox"/>	<input type="checkbox"/>
2903.13 ASSAULT	<input type="checkbox"/>	<input type="checkbox"/>
2903.16 FAILING TO PROVIDE FOR A FUNCTIONALLY IMPAIRED PERSON	<input type="checkbox"/>	<input type="checkbox"/>
2903.21 AGGRAVATED MENACING	<input type="checkbox"/>	<input type="checkbox"/>
2903.34 PATIENT ABUSE OR NEGLECT	<input type="checkbox"/>	<input type="checkbox"/>
2905.01 KIDNAPPING	<input type="checkbox"/>	<input type="checkbox"/>
2905.02 ABDUCTION	<input type="checkbox"/>	<input type="checkbox"/>
2905.11 EXTORTION	<input type="checkbox"/>	<input type="checkbox"/>
2905.12 COERCION	<input type="checkbox"/>	<input type="checkbox"/>
2907.02 RAPE	<input type="checkbox"/>	<input type="checkbox"/>
2907.03 SEXUAL BATTERY	<input type="checkbox"/>	<input type="checkbox"/>
2907.05 GROSS SEXUAL IMPOSITION	<input type="checkbox"/>	<input type="checkbox"/>
2907.06 SEXUAL IMPOSITION	<input type="checkbox"/>	<input type="checkbox"/>
2907.07 IMPORTUNING	<input type="checkbox"/>	<input type="checkbox"/>
2907.08 VOYEURISM	<input type="checkbox"/>	<input type="checkbox"/>
2907.09 PUBLIC INDECENCY	<input type="checkbox"/>	<input type="checkbox"/>
2907.12 FELONIOUS SEXUAL PENETRATION	<input type="checkbox"/>	<input type="checkbox"/>
2907.25 PROSTITUTION	<input type="checkbox"/>	<input type="checkbox"/>
2907.31 DISSEMINATING MATTER HARMFUL TO JUVENILES	<input type="checkbox"/>	<input type="checkbox"/>
2907.32 PANDERING OBSCENITY	<input type="checkbox"/>	<input type="checkbox"/>
2907.321 PANDERING OBSCENITY INVOLVING A MINOR	<input type="checkbox"/>	<input type="checkbox"/>
2907.322 PANDERING SEXUALLY ORIENTED MATTER INVOLVING A MINOR	<input type="checkbox"/>	<input type="checkbox"/>
2907.323 ILLEGAL USE OF A MINOR IN NUDITY-ORIENTED MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL BACKGROUND CHECKLIST

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APPLICANT'S NAME (PRINT): _____

	Yes	No
2911.01 AGGRAVATED ROBBERY	<input type="checkbox"/>	<input type="checkbox"/>
2911.02 ROBBERY	<input type="checkbox"/>	<input type="checkbox"/>
2911.11 AGGRAVATED BURGLARY	<input type="checkbox"/>	<input type="checkbox"/>
2911.12 BURGLARY	<input type="checkbox"/>	<input type="checkbox"/>
2911.13 BREAKING AND ENTERING	<input type="checkbox"/>	<input type="checkbox"/>
2913.02 THEFT, AGGRAVATED THEFT	<input type="checkbox"/>	<input type="checkbox"/>
2913.03 UNAUTHORIZED USE OF A VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>
2913.04 UNAUTHORIZED USE OF PROPERTY; UNAUTHORIZED ACCESS TO COMPUTER SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>
2913.11 PASSING BAD CHECKS	<input type="checkbox"/>	<input type="checkbox"/>
2913.21 MISUSE OF CREDIT CARDS	<input type="checkbox"/>	<input type="checkbox"/>
2913.31 FORGERY	<input type="checkbox"/>	<input type="checkbox"/>
2913.40 MEDICAID FRAUD	<input type="checkbox"/>	<input type="checkbox"/>
2913.43 SECURING WRITINGS BY DECEPTION	<input type="checkbox"/>	<input type="checkbox"/>
2913.47 INSURANCE FRAUD	<input type="checkbox"/>	<input type="checkbox"/>
2913.51 RECEIVING STOLEN PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>
2919.25 DOMESTIC VIOLENCE	<input type="checkbox"/>	<input type="checkbox"/>
2921.36 PROHIBITION OF CONVEYANCE OF CERTAIN ITEMS ONTO GROUNDS OF DETENTION FACILITY OR MENTAL HEALTH OR MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES FACILITY	<input type="checkbox"/>	<input type="checkbox"/>
2923.12 CARRYING CONCEALED WEAPONS	<input type="checkbox"/>	<input type="checkbox"/>
2923.13 HAVING WEAPONS WHILE UNDER DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>
2923.161 IMPROPERLY DISCHARGING FIREARM AT OR INTO HABITATION OR SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>
2925.02 CORRUPTING ANOTHER WITH DRUGS	<input type="checkbox"/>	<input type="checkbox"/>
2925.03 TRAFFICKING OFFENSES	<input type="checkbox"/>	<input type="checkbox"/>
2925.11 DRUG ABUSE; CERTAIN VIOLATIONS DO NOT CONSTITUTE CRIMINAL RECORD	<input type="checkbox"/>	<input type="checkbox"/>
2925.13 PERMITTING DRUG ABUSE	<input type="checkbox"/>	<input type="checkbox"/>
2925.22 DECEPTION TO OBTAIN A DANGEROUS DRUG	<input type="checkbox"/>	<input type="checkbox"/>
2925.23 ILLEGAL PROCESSING DRUG DOCUMENT	<input type="checkbox"/>	<input type="checkbox"/>
3716.11 ADULTERATION OF FOOD	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently or have you ever been investigated, sanctioned, fined or criminally charged or convicted by a State or Federal Agency or Governing Board? Yes No

Are you currently or have you ever been convicted of Resident Abuse or any Medicaid or Medicare offense or excluded from participation in the Federal Health Care Programs? Yes No

APPLICANT'S SIGNATURE

DATE