

ADAPT, Inc., ADAPT St. Joe, Inc.
APPLICATION FOR EMPLOYMENT

All references within this application to ADAPT shall apply to the following corporations: ADAPT, Inc., and ADAPT St. Joe,

ADAPT is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, color, or handicap, in the hiring, promotion, payment, or discipline of employees. If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation. We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

Name _____ SS# (last 4 numbers only): _____

Ph# _____ Cell Phone# _____ email: _____

Address _____ City/State _____

Have you lived in Michigan continually the past three years: ___ yes ___ no

Do you have a valid driver's license ___ yes ___ no License #: _____ State: _____

Are you 18 years or older ___ yes ___ no Position Applied for: _____

Have you received a job description for the position for which you have applied? ___ Yes ___ No

Can you perform all the duties of the job in which you wish to be employed, with or without restrictions?
___ Yes ___ No

We provide adult foster care 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime is expected for continued employment. Are you able to meet this requirement? ___ Yes ___ No

Have you ever been convicted of a felony? ___ yes ___ no [Note: Affirmative answers to this question may not automatically preclude you from employment.] if so list including date of conviction: _____

Have you ever been convicted of a misdemeanor? ___ yes ___ no [Note: Affirmative answers to this question may not automatically preclude you from employment.] If yes list, including date of conviction: _____

Have you ever been found not guilty of any charges by reason of insanity? ___ yes ___ no

Are there any felony or misdemeanor charges pending against you? ___ yes ___ no

Explain: _____

Do you have three or more traffic violations within the past three years? ___ yes ___ no ___ unsure

Have you been convicted or have current charges against you for a drunk or impaired driving charge within the past five years ___ yes ___ no

Are you on a court-supervised probation or parole? ___ yes ___ no If yes, please explain: _____

Have you ever been employed by this agency before? ___ yes ___ no

Please indicate the name of any relatives already employed by ADAPT: _____

Who referred you to us? _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling of client funds or any other recipient rights violations in an investigation by:

Office of Children and Adult Licensing	_____yes	_____no
Department of Human Services	_____yes	_____no
A local Community Mental Health Recipient Rights Office	_____yes	_____no
Michigan Nurses Aide Registry	_____yes	_____no

If yes is answered to any of the above, please explain. (Attach additional pages if necessary) _____

Are you employed now? ____yes ____no **May we contact your present employer ?** ____yes ____no

In case of emergency, whom should we contact ? Name: _____

Phone# _____ Address _____

EDUCATION

<i>Name of School</i>	<i>Years Attended</i>	<i>Course of Study</i>	<i>Did you Graduate</i>

Other Training: _____

PROFESSIONAL REFERENCES (non relatives)

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship</i>

EMPLOYMENT

<i>From – To</i>	<i>Name / Address / Phone #</i>	<i>Job Position / Duties</i>	<i>Reason for leaving</i>

General: I hereby give you permission to contact the above employers, references, and schools to verify the items I listed above. I hereby release ADAPT and the above referenced organizations, reference persons, and employers from all claims, liability, and damages that may result from furnishing the information to you. I expressly and fully waive all written notices from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file. I also authorize ADAPT to furnish any information requested by any potential employer, and release ADAPT from all liability for any damage that may result from furnishing said information.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary actions by all prior employers, and hereby release my prior employers from all claims, liability, and damages that may result from furnishing this information to you.

Confidentiality: All written or verbal communications concerning treatment, rehabilitation, and prevention services will be kept strictly confidential (by law) according to the following guidelines.

1. Records of the identity, diagnosis, prognosis, or treatment of any individual which are maintained in connection with the performance of any substance abuse treatment, rehabilitation, or prevention function shall be confidential and may be disclosed only for the purposes and under the circumstances authorized as follows:
 - a. If any individual with respect to whom any given record referred to in (1) above is maintained, gives their written consent, or a legal order is presented the content of such record may be disclosed.
 1. A. To medical personnel for the purpose of diagnosis or treatment of the patient, or
 2. B. To governmental personnel for the purpose of obtaining benefits to which the consumer is entitled, or
 3. C. To legal personnel for the purpose of investigations.

All staff are required to follow the above guidelines in connection with consumer confidentiality. Failure to observe the guidelines may result in immediate dismissal and provide grounds for possible criminal charges. I have read and understand the above:

Employment Agreement: In consideration of my employment, I agree to conform to the rules and regulations of ADAPT, and my employment can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of ADAPT or myself. I agree that no one other than the Executive Director has any authority to enter into any agreement or contract for any specific period of time, or to make any agreement contrary to the foregoing and any such changes must be in writing and signed by me and the Executive Director.

I understand that any dishonest answers or false statements on this application or in subsequent interviews are grounds for or may result in immediate dismissal. I further understand that giving false information about prior and/or current criminal charges on this application is a misdemeanor and punishable by fines and/or imprisonment.

Employee Signature _____ **Date:** _____

For office use only

Employer Signature _____ **Date:** _____

BACKGROUND CHECK

Facility License #: _____ Application for: Employment

As a condition of being considered for employment or hiring:

- a. I hereby consent to and authorize the 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 as well a check of my motor vehicle driving record. 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 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.
- d. 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

- a. I 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, 27,27, and 29 of 2006, within the applicable time period prescribed by each crime. (listing attached).
- 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
- 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.
- d. I hereby disclose, by listing below, all offenses for which I have been convicted, including all terms and condition of sentencing, parole, and probation therefore, and/or any substantiated finding of patient or resident neglect, abuse, or misappropriation of property. (attach additional sheets if necessary)

Offense	Date of conviction/finding	City	State	Sentence	Date of discharge

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

Signature

Date

Conditional Employment

- a. If the health or AFC facility/agency determines it necessary to employ or grant clinical privileges pending the results of that state and federal criminal history background check, I understand the following:
- b. 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.
- c. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated finding of patient or resident abuse, neglect, 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.
- d. 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 AFC agency/facility 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.

Applicant Rights

I understand that upon my request, the AFC facility/agency must provide a copy of any disqualifying record information found on any of the relevant registries or databases.

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.

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 is one that may be expunged or set aside, I may file an appeal to the appropriate state licensing or regulatory department

Signature

Date

DENIAL OF EXISTENCE OF CRIMINAL HISTORY AS REQUIRED BY PUBLIC ACT 29 OF 2006

I have been advised by ADAPT that it is necessary to conditionally employ, independently contract, and/or grant clinical privileges to me prior to receiving all the results of the state and national criminal history background information required by Public Act 29 of 2006. Accordingly, I make the following representations while this information is obtained and analyzed:

1. I swear under penalty of law that I have not been convicted of a felony or misdemeanor within the applicable time period that makes me ineligible, by law to work for this organization. I have reviewed the attached list of felonies and misdemeanors prior to making this representation.
2. I agree to notify this organization if, during the course of my employment I am charged or convicted of any of the items listed below. In addition, I agree to notify this organization if I become the subject of an order or disposition finding of not guilty by reason of insanity.
3. I agree to notify this organization immediately if I become convicted of driving while under the influence or any motor vehicle violation involving alcohol.
4. I also agree to notify this organization if I accumulate three or more moving violations within a three year period.
5. I am not the subject of an order or disposition under section 16b of Chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.16(b) relating to finding of not guilty by reason of insanity.
6. I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation arising in a skilled nursing facility and conducted in accordance with 42 USC 1395i-3 or 1396r.
7. I agree that, if the information in the criminal history investigation conducted by this organization does not confirm my statements, my employment, contract, or clinical privileges will be terminated unless and until I can prove that the information is incorrect. I further agree that if this results in a period of unemployment, suspension, or leave of absence, it will be without compensation and without fringe benefits.
8. I understand the conditions set forth in Public Act 29 of 2006 that result in my termination and agree that these conditions are in fact good cause for termination.
9. I am aware that the provisions of false information regarding my identity or criminal history is a crime punishable by fines and/or imprisonment.

Applicable time that must lapse (time after individual has completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction) before an individual is eligible for employment.

<p><u>Lifetime Ban for:</u> A relevant crime described under 42USC 1320a-7: 42USC 1320a-7 is a statutory provision within the federal social security act which describes a number of crimes for which a conviction will exclude an individual from participation in any federal health care program. The crimes include patient abuse, health care fraud, as well as any crimes related to the unlawful manufacture, distribution, or dispensing of a controlled substance.</p>	<p><u>Felonies that carry a 15 year ban from end of sentence:</u></p> <ul style="list-style-type: none"> • Homicide • Assault and infliction of serious injury • Felonious assault • Assault with intent to commit murder • Assault with intent to do great bodily harm less than murder • Assault with intent to maim • Attempt to murder • A felony involving cruelty or torture • Crimes that are described as “criminal sexual conduct” are more commonly known as “rape” • A felony involving abuse or neglect • A felony involving the use of a fire arm or dangerous weapon • A felony involving the diversion or adulteration of a prescription drug or other medications.
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<p><u>Felonies that carry a 10 year ban from the end of sentence:</u></p> <ul style="list-style-type: none"> • All other felonies 	<p><u>Misdemeanors that carry a 10 year ban:</u></p> <ul style="list-style-type: none"> • 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 personal injury • A misdemeanor involving the use of force or violence or the threat of the use of force or violence • A misdemeanor crimes committed against vulnerable adults • A misdemeanor involving criminal sexual misconduct • A misdemeanor involving cruelty or torture • A misdemeanor involving abuse or neglect
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<p><u>Misdemeanors that carry a 5 year ban:</u></p> <ul style="list-style-type: none"> • A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age • A misdemeanor involving home invasion • A misdemeanor involving embezzlement • A misdemeanor involving negligent homicide • A misdemeanor involving larceny • A misdemeanor of retail fraud in the second degree (between \$200 - \$1000) • Any other misdemeanor involving assault, fraud, theft, or possession or delivery of controlled substance. 	<p><u>Misdemeanors that carry a 3 year ban:</u></p> <ul style="list-style-type: none"> • A misdemeanor for assault • A misdemeanor of retail fraud in the third degree (under \$200) • A misdemeanor involving the creation, delivery, or possession with the intent to manufacture or deliver a controlled substance
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<p><u>Misdemeanor that carry a 1 year ban:</u></p> <ul style="list-style-type: none"> • Any misdemeanor involving the creation, delivery or possession with intent to manufacture or deliver a controlled substance if the person is convicted before the age of 18 • A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16 	
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Print Name

Signature

Date