

Legacy Health Services

Application for Employment

(We are a drug free work place.)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, citizenship, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Last	First	Middle	Alias or former name for reference checking
Address			City
Telephone			
Position Desired	Shift	Availability <input type="radio"/> Fulltime <input type="radio"/> Part-time <input type="radio"/> PRN	E-mail Address

General

How did you find out about us?
 The Plain Dealer Toledo Blade Sun News Career Board Internet Radio Walk-in
 Employee Referred _____ Other _____

If employed and you are under 18, can you furnish a work permit?	Yes	No
Are you eligible for lawful employment in the U.S.?	Yes	No
Have you plead guilty to or been convicted of a criminal offense? (A yes answer will not necessarily disqualify you from consideration for employment.) If yes, please give details:	Yes	No
Are you now or have you ever been sanctioned, debarred, suspended or excluded from the Medicare or Medicaid Program?	Yes	No
Have you ever been employed at one of the following facilities? If Yes, Please circle the facility(s). Broadview Multi-Care Center, Cedarwood Plaza, Danridge Burgundi Manor Franklin Plaza, Hillside Plaza, Legacy Place Twinsburg, Parkside Villa, Pleasant Lake Villa, Pleasantview Care Center, Orchard Villa, Wickliffe Country Place	Yes	No
Do you have any relatives currently employed here? If Yes, State Name & Relation	Yes	No
Name of High School	College/Technical	Professional License
Location	Course of Study/Major	State of Issue
Graduate? <input type="radio"/> Yes <input type="radio"/> No	Graduate? <input type="radio"/> Yes <input type="radio"/> No Expected Date of Graduation?	Number Year Received

List special training and skills, i.e. foreign languages

Employment History

1	Employer	From MM/YY	To MM/YY	Job Title/ Shift Worked	Reason for Leaving
	Name of Company			Job Duties	Immediate Supervisor _____ First and Last Name Title:
	Address				
	City, State, Zip	Starting \$	Ending \$		
	Phone				
	Explain Period between Jobs				May We Contact? <input type="radio"/> Yes <input type="radio"/> No, Explain
2	Employer	From MM/YY	To MM/YY	Job Title/ Shift Worked	Reason for Leaving
	Name of Company			Job Duties	Immediate Supervisor _____ First and Last Name Title:
	Address				
	City, State, Zip	Starting \$	Ending \$		
	Phone				
	Explain Period between Jobs				May We Contact? <input type="radio"/> Yes <input type="radio"/> No, Explain

3	Employer	From MM/YY	To MM/YY	Job Title/ Shift Worked Job Duties	Reason for Leaving
	Name of Company				
	Address				Immediate Supervisor: _____
	City, State, Zip	Starting \$	Ending \$	First and Last Name	
	Phone			Title:	
Explain Period between Jobs				May We Contact? <input type="radio"/> Yes <input type="radio"/> No, Explain	
4	Employer	From MM/YY	To MM/YY	Job Title/ Shift Worked Job Duties	Reason for Leaving
	Name of Company				
	Address				Immediate Supervisor: _____
	City, State, Zip	Starting \$	Ending \$	First and Last Name	
	Phone			Title:	
Explain Period between Jobs				May We Contact? <input type="radio"/> Yes <input type="radio"/> No, Explain	
References (Professional or school requested)					
Name		Home Phone		Occupation	Relationship/Years Known
Name		Home Phone		Occupation	Relationship/Years Known
Name		Home Phone		Occupation	Relationship/Years Known

Application Statement:

I certify that answers given herein are true and complete to the best of my knowledge, and understand and agree that any misrepresentation or omission on my application or related papers, or made during any oral interviews may result in refusal of employment or shall be considered grounds for dismissal.

Legacy Health Services or any of it's managed companies (Companies) may make an investigation of my history & may verify all data given in my application of employment, related papers, or oral interviews. I allow such investigation & release from liability Companies and/or any person or company giving or refusing such information.

Employment with Companies is contingent on the following:

- 1) Pre-employment physical results.
- 2) Negative pre-employment physical drug/alcohol screen.
- 3) Clear background check, per Senate Bill 160.

I understand & agree that if hired, my employment is at will, for no defined period and may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination. If separated from employment from Companies for any reason, I authorize it to furnish any information to employment references & I understand that this application is not, and is not intended to be a contract of employment. I understand, also, that I am required to abide by all rules & regulations of Legacy Health Services. I have read, understand and agree to all the above.

Employee

Signature: _____ Date: ____ / ____ / ____

Long-Term Care Worker Background Check ("Senate Bill 160") Consent and Attestation Form

By signing this form, I consent to the submission of a request for a criminal records check for long-term care workers as required by Senate Bill 160 (R.C. §3721.121)

I understand that because of the sensitive nature of the services that Legacy Health Services provides, Legacy Health Services will conduct a criminal records check on me. If I have been convicted of certain offenses listed in the Ohio Revised Code (see below), Legacy Health Services will not employ me, except in very limited circumstances. I also understand that there is an exception to the general rules in Ohio regarding sealed records for background checks conducted for people who work in long-term care facilities. Thus, the background checks conducted by Legacy Health Services will reveal all convictions – even if they have been sealed. I understand that even if my record has been sealed, the details of my conviction for a disqualifying offense will be released to Legacy Health Services, and Legacy Health Services will not employ me, except in very limited circumstances.

Disqualifying Offenses:

2903.01/Aggravated murder, 2903.02/Murder, 2903.03/Voluntary manslaughter, 2903.04/Involuntary manslaughter, 2903.11/Felonious assault, 2903.12/Aggravated assault, 2903.13/Assault, 2903.16/Failing to provide for functionally impaired person, 2903.21/Aggravated menacing, 2903.34/Offenses against residents or patients in care facilities, 905.01/Kidnapping, 2905.02/Abduction, 2905.11/Extortion, 2905.12/Coercion, 2907.02/Rape, 2907.03/Sexual battery, 2907.05/Gross sexual imposition, 2907.06/Sexual imposition, 2907.07/Importuning, 2907.08/Voyeurism, 2907.09/Public indecency, 2907.12/Felonious sexual penetration, 2907.25/Prostitution, 2907.31/Disseminating matter harmful to juvenile, 2907.32/Pandering obscenity, 2907.321/Pandering obscenity involving a minor, 2907.322/Pandering sexually oriented material involving a minor, 2911.01/Aggravated robbery, 2911.02/Robbery, 2911.11/Aggravated burglary, 2911.12/Burglary, 2911.13/Breaking & Entering, 2913.02/Theft; aggravated theft, 2913.03/Unauthorized use of vehicle, 2913.04/Unauthorized use of property, 2913.11/Passing bad checks, 2913.21/Misuse of credit cards, 2913.31/Forgery, 2913.40/Medicaid fraud, 2913.43/Securing writings by deception, 2913.47/Insurance fraud, 2913.51/Receiving stolen property, 2919.25/Domestic violence, 2921.36/Conveyance of certain items onto grounds of detention, MRDD, or MH facility, 2923.12/Carrying concealed weapons, 2923.13/Having weapons while under disability, 2923.161/Improperly discharging a firearm at or into a school or house, 2925.02/Corrupting another w/drugs, 2925.03/Trafficking offenses, 2925.11/Drug abuse, 2925.13/Permitting drug abuse, 2925.22/Deception to obtain dangerous drug, 2925.23/Illegal procession of drug documents, 3716.11/Adulterated food

The request will be submitted to the Bureau of Criminal Identification and Investigation (BCII) and/or the Federal Bureau of Investigation (FBI) by Legacy Health Services.

I also attest to the following:

1. I have not been convicted of or pled guilty or no contest to any of the crimes that would disqualify me from working with older adults under S.B. 160 (R.C. §3721.121), even if the conviction(s) have been sealed and/or expunged.
2. I understand and agree that if a criminal records check reveals that I have been convicted of or pled guilty or no contest to any of those crimes, even if said conviction(s) have been sealed and/or expunged, I will not be hired for work with older adults or, if I have already been hired, my employment will be terminated, except in very limited circumstances.
3. I was informed that I must provide fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.
4. I agree to pay Legacy Health Services a \$22.00 fee to have the criminal records check submitted if I come under final consideration for employment, and I will not be considered for employment if I do not pay the fee
5. I agree to pay Legacy Health Services a \$46.00 fee to have the FBI background check submitted if I come under final consideration for employment if I have lived less than five years in the State of Ohio, and I will not be considered for employment if I do not pay the fee.

List all States resided in the U.S. for the last 5 years:

Social Security Number: _____ / _____ / _____

Signature of Applicant: _____ Date: _____ / _____ / _____

Witness _____

LEGACY HEALTH SERVICES
Broadview Multi-Care Center
 Applicant Reference Check

Applicant's Name _____ Date _____

Legacy Health Services may make an investigation of my history and may verify all data given in my application of employment, related papers, or oral interviews. I allow such investigation and release from liability Legacy Health Services and/or any person or company giving or refusing such information.

Applicant Signature _____ Social Security Number _____ Date _____

OFFICE USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE.

Reference Source: Previous Employer School Personal Other

Reference Name:	
Company:	
Date:	

Employed from _____ to _____

Position Held _____

What were the applicant's strong points? _____

How was the applicant's attendance? _____

Reason for Leaving _____

Would you Rehire? _____

Other information regarding this applicant _____

Signature _____ Title _____

Please return to: **Broadview Multi-Care Center**
5520 Broadview Road
Parma, Ohio 44134
Attention: Human Resources

Or fax to: (216) 398-4988 (confidential Human Resources fax)

LEGACY HEALTH SERVICES
Broadview Multi-Care Center
Applicant Reference Check

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