

Referred by: \_\_\_\_\_

# Uniform Employment Application for Nurse Aide Staff

Effective November 1, 2012

This application form is required by Title 63 O.S. § 1-1950.4 of state law and by the Oklahoma State Board of Health Rules OAC 310-2-15-3. This uniform application shall be used as the *only* application for employment of nurse aides in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

**ATTENTION NURSE AIDES: RETURN YOUR COMPLETED APPLICATION TO EMPLOYER.**

Date of Application: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_

### 1. Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle)

List any other name(s) you have previously worked under, such as maiden name: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address (if different than present address): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Race: \_\_\_\_\_  
[----- For purposes of Criminal History Records Search -----]

Emergency Contact Person: \_\_\_\_\_  
(Name) (Address) (Phone Number)

### 2. Employment Desired

Position applied for: \_\_\_\_\_ Salary required: \_\_\_\_\_

Hours available to work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends

Will you accept employment of: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Occasional Part Time?

### 3. U.S. Military Record

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

### 4. Prior Work History List your last four (4) jobs beginning with your most recent or current employer.

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**List name(s) of all other employers for the last five (5) years:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer?  Yes  No  Not applicable

Have you ever been terminated or asked to resign from any position?  Yes  No

If yes, provide reason. \_\_\_\_\_

**5. Educational Background** List all educational schools attended with degrees, diplomas or certificates received.

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc.

If your school or employment records are under another name(s), indicate that name(s): \_\_\_\_\_

**6. Certification** If you hold a current certification as a nurse aide (CNA), check the appropriate certification(s) below:

- Long Term Care (LTC)       Home Health Aide (HHA)       Adult Day Care (ADC)  
 Residential Care Aide (RCA)       Developmental Disability Aide (DDA)       Certified Medication Aide (CMA)  
 Certified Medication Aide-Gastrostomy (CMA-G)       Certified Medication Aide-Glucose Monitoring (CMA-GM)  
 Certified Medication Aide-Respiratory (CMA-R)       Certified Medication Aide-Insulin Administration (CMA-IA)

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List all technical special skills or education honors, certificates, licenses, memberships or Medication Administration Technician (MAT) certification not previously listed: \_\_\_\_\_

If you are a CMA, have you obtained your 8 hours of continuing education for the current 12-month certification period before your certification expires? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and when did you obtain. \_\_\_\_\_

7. **References** List name, address and telephone number of three (3) references who are not relatives or former employers.

8. **Background Information** If you answer **YES** to any of the questions below, explain in the space after the question. The explanation for a **YES** answer should include, but not be limited to:

1. State and/or jurisdiction.
2. Nature of complaint/offense.
3. Disposition of complaint and/or offense (e.g., "dismissed insufficient evidence", "deferred sentence").
4. Date of disposition.
5. Attach copy of any correspondence received by you, the applicant, regarding the complaint/offense.

a. \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever: 1) participated in a first offender program; 2) deferred adjudication or other program or arrangement where adjudication has been withheld; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; and/or 6) been sentenced for any criminal offense in any state or US jurisdiction regardless of whether this matter has been expunged or otherwise removed?

b. \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a health care profession?

c. \_\_\_\_\_ Yes \_\_\_\_\_ No Are any disciplinary actions or allegations, pending or substantiated, against you or your CNA certification or health care professional license in any state or U.S. jurisdiction?

d. \_\_\_\_\_ Yes \_\_\_\_\_ No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid, or in connection with, action by such authority?

## 9. **Applicant's Certification and Agreement**

**Please Read Carefully** - If you answer 'No' to any of the questions below, explain in the space after the question.

a. \_\_\_\_\_ Yes \_\_\_\_\_ No I understand the employer has the right to proceed with any criminal background check.

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b. Yes No I understand as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at anytime during my employment. A test result that has been confirmed as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.

c. Yes No I understand I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by the employer.

d. Yes No I understand if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

e. Yes No I understand this form is not an employment contract.

10. Previous CNA Training Complete this section only if you will require training.

Please complete the following if you have had CNA Training in the past for any of these categories: LTC, HH, ADC, RC, or DDDC.
Category Program Name Start Date End Date
Category Program Name Start Date End Date
Category Program Name Start Date End Date

11. Important Information for the Job Applicant

It is unlawful for any person to provide false information regarding a criminal conviction on this uniform employment application for nurse aides. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed Five Hundred Dollars (\$500.00), by imprisonment in the county jail for a term of not more than one (1) year, or by both such fine and imprisonment.

\*\*\* NOTICE \*\*\*
I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION TO A TRAINING PROGRAM, A FACILITY, OR THE DEPARTMENT IS GROUNDS FOR DENIAL, SUSPENSION, WITHDRAWAL, AND/OR NONRENEWAL OF CERTIFICATION. I ALSO UNDERSTAND PROVIDING FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION IF DISCOVERED AT A LATER DATE.
INITIAL HERE

I certify I have read and completed this application and that the information I have provided on this application is true and complete.

Signature of Applicant

Date of Signature

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**12. Criminal Arrest Check List**

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered if the below signed individual has been *convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1(C)(1) of Title 63:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,</li> <li>b. rape, incest or sodomy,</li> <li>c. child abuse,</li> <li>d. murder or attempted murder,</li> </ul> | <ul style="list-style-type: none"> <li>e. manslaughter,</li> <li>f. kidnapping,</li> <li>g. aggravated assault and battery,</li> <li>h. assault and battery with a dangerous weapon, or</li> <li>i. arson in the first degree.</li> </ul> |
|--|---|

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall **not be** considered for the below signed individual *if less than seven (7) years have elapsed since the completion of sentence<sup>1</sup>, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction*, as stated by Oklahoma Statute, Section 1-1950.1(C)(2) of Title 63:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>a. assault,</li> <li>b. battery,</li> <li>c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,</li> <li>d. pandering,</li> <li>e. burglary in the first or second degree,</li> <li>f. robbery in the first or second degree,</li> </ul> | <ul style="list-style-type: none"> <li>g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,</li> <li>h. arson in the second degree,</li> <li>i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,</li> <li>j. grand larceny, or</li> <li>k. petit larceny or shoplifting.</li> </ul> |
|--|--|

<sup>1</sup> Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

**I hereby certify I have no disqualifications for employment as described above and specified in Title 63 of the Oklahoma Statutes, Section 1-1950.1(C). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with a criminal history records check as authorized by Title 63 of the Oklahoma Statutes, Section 1-1950.1(B).**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

# Registry and Criminal History Record Check Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that an *applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

**Employer must retain the signed applicant consent.**

**Instructions to Applicant:** Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. **Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting.** With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

**Declarations:** By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(l)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Last Name: \_\_\_\_\_

What Other Aliases/Names Have You Used? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Present City/State/Zip: \_\_\_\_\_

In What Other States Have You Lived After 18 Years Of Age? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, understand that my position at Billings Fairchild Center requires that I obtain a physical from Integris Bass Occupational Medicine at no cost to me. I further understand that I will be required to stay fully employed at Billings Fairchild Center for a minimum of six months, or I will be required to reimburse Billings Fairchild Center for the cost of the items marked below. I further understand that if I do not want to take on this obligation, I should notify Billings Fairchild Center that I do not wish to continue to seek employment with Billings Fairchild Center.

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Physical            | \$75.00         |
| <input type="checkbox"/> Keys                | \$ 1.00 per key |
| <input type="checkbox"/> Name Badge          | \$ 7.00         |
| <input type="checkbox"/> Aprons              | \$15.00 each    |
| <input type="checkbox"/> CNA Books           | \$50.00         |
| <input type="checkbox"/> Fingerprinting scan | \$10.00         |

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
B F C Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**REFERENCE RELEASE**

Company \_\_\_\_\_

Supervisor \_\_\_\_\_

Employee \_\_\_\_\_

SS# \_\_\_\_\_

I hereby authorize my former employer to supply the information listed below. I release said company, officers, employees or individuals from any liability for any damages resulting from the disclosure of this information.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

The above named person has applied for a position with Billings Fairchild Center and has given your name as a reference. We are an ICF/IID providing care for the developmentally disabled. It is our aim to hire quality people and place them in positions where their talents and abilities are utilized as fully as possible. We would therefore appreciate your comments regarding character, habits, abilities and other attributes by filling in the information listed below. **Information provided will be held in strictest confidence.**

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Is applicant eligible for rehire? \_\_\_\_Yes \_\_\_\_No If no, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and title of person giving reference

\_\_\_\_\_  
Date