



PLATTSBURGH
REHABILITATION & NURSING CENTER

8 BUSHEY BOULEVARD
PLATTSBURGH NEW YORK 12901
(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
LAST NAME:	FIRST:	MIDDLE:	SOC.SEC#:	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE #:	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF UNDER 18, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU EITHER A U.S. CITIZEN OR LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
STATE OTHER NAMES YOU HAVE USED FOR EMPLOYMENT PURPOSES:				
EMPLOYMENT DESIRED				
POSITION APPLYING FOR:				
DATE YOU CAN START:		MINIMUM SALARY REQUIRED:		
DO YOU PREFER: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME HOURS AVAILABLE:				
EVER APPLIED TO EVERGREEN VALLEY?		WHEN?		
EVER WORKED FOR EVERGREEN VALLEY?		WHEN?		
REASON FOR LEAVING:				
WHO REFERRED YOU TO THIS COMPANY?				
EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMAR/HIGH SCHOOL				
COLLEGE OR TRADE SCHOOL				
SPECIAL TRAINING / LICENSING / CERTIFICATION:				
LIST PROFESSIONAL, TRADE, BUSINESS, CIVIC ACTIVITIES AND OFFICES HELD:				
SPECIAL SKILLS:				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)	
NAME OF LAST EMPLOYER:	ADDRESS:
STARTING DATE:	LEAVING DATE:
WEEKLY STARTING SALARY: \$	WEEKLY FINAL SALARY: \$
JOB TITLE:	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR:	TELEPHONE #:
DESCRIPTION OF WORK:	
REASON FOR LEAVING:	
NAME OF PREVIOUS EMPLOYER:	ADDRESS
STARTING DATE:	LEAVING DATE:
WEEKLY STARTING SALARY: \$	WEEKLY FINAL SALARY: \$
JOB TITLE:	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR:	TELEPHONE #:
DESCRIPTION OF WORK:	
REASON FOR LEAVING:	
NAME OF PREVIOUS EMPLOYER:	ADDRESS
STARTING DATE:	LEAVING DATE:
WEEKLY STARTING SALARY: \$	WEEKLY FINAL SALARY: \$
JOB TITLE:	MAY WE CONTACT SUPERVISOR?
NAME AND TITLE OF SUPERVISOR:	TELEPHONE #:
DESCRIPTION OF WORK:	
REASON FOR LEAVING:	
ANY ADDITIONAL INFORMATION TO SUMMARIZE SPECIAL JOB RELATED SKILLS AND / OR QUALIFICATIONS:	

REFERENCES

BELOW GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	TELEPHONE NUMBER	ADDRESS	BUSINESS/ OCCUPATION	YEARS ACQUAINTED

PERSONAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME. ____ YES ____ NO

DESCRIBE:

HAVE YOU EVER HAD A NON-CRIMINAL FINDING OF AN OFFENSE THAT INVOLVED ABUSING; NEGLECTING, OR MISTREATING INDIVIDUALS ____ YES ____ NO

DESCRIBE:

OR MISAPPROPRIATION OF RESIDENTS' OR CLIENTS FUNDS ____ YES ____ NO

DESCRIBE

IS THERE CURRENTLY A NON-CRIMINAL INVESTIGATION OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT OF CLIENT PROPERTY THAT INVOLVES YOU ____ YES ____ NO

DESCRIBE

PRNC HIRES QUALIFIED INDIVIDUALS REGARDLESS OF DISABILITY. EVERGREEN VALLEY WILL REASONABLY ACCOMMODATE AN INDIVIDUAL DURING BOTH THE APPLICATION PROCESS AND ON THE JOB.

PRNC DOES NOT DISCRIMINATE IN EMPLOYMENT BECAUSE OF SEX, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, VETERAN STATUS, DISABILITY OR ANY OTHER PROTECTED STATUS.

THANK YOU FOR APPLYING AT PRNC, AN EQUAL OPPORTUNITY EMPLOYER. OUR SELECTION PROCEDURE REQUIRES THE FOLLOWING FROM POTENTIAL EMPLOYEES:

1. A WRITTEN, COMPLETED AND SIGNED APPLICATION.
2. COPIES OF CERTIFICATES OR LICENSES; IF APPLICABLE.
3. A JOB INTERVIEW.
4. SATISFACTORY PRE-EMPLOYMENT REQUIREMENTS SUCH AS A PHYSICAL EXAMINATION INCLUDING A PPD (MANTOUX) SKIN TEST FOR TB, AND DRUG TEST.
5. PROOF OF IMMUNIZATION AGAINST MEASLES, MUMPS, RUBELLA.
6. PROOF OF EMPLOYMENT ELIGIBILITY IN THE UNITED STATES.
7. SATISFACTORY BACKGROUND CHECK INCLUDING CRIMINAL HISTORY.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL. HAVING MADE AN APPLICATION FOR EMPLOYMENT AT PRNC, I REQUEST THEIR REPRESENTATIVE BE INFORMED AS TO MY PREVIOUS RECORD. I AUTHORIZE THE INVESTIGATION OF MY PAST RECORD TO ASCERTAIN ANY AND ALL INFORMATION WHICH MAY CONCERN MY PAST EMPLOYMENT. I RELEASE MY EMPLOYERS AND ALL PERSONS OF ANY DAMAGES RESULTING FROM FURNISHING SAID INFORMATION.

YOUR SIGNATURE: _____

DATE: _____

**NYS Department of Health
ACKNOWLEDGEMENT AND CONSENT FORM FOR FINGERPRINTING AND DISCLOSURE OF CRIMINAL
HISTORY RECORD INFORMATION**

THIS FORM IS TO BE RETAINED BY THE AGENCY- DO NOT FORWARD TO THE DOH CHRC UNIT.

chrc@health.state.ny.us

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

LAST Name	FIRST Name	M.I.	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name	Alias: AKA	
Mailing Address (street)	City	State	Zip

SECTION 2 - ATTESTATION

- I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).
- I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.
- I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary to be provided to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, as maintained by DCJS or the FBI, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. I have been advised that by law, DOH is authorized and may be required to provide the results of the criminal history record check through a criminal history record summary to the agency. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.
- I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.
- I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI.
- I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.
- I certify to the best of my knowledge and belief that I (check as appropriate):
 - Have** **Have not been convicted of a crime in New York State or any other jurisdiction**
 - Do** **Do not have a final finding of patient or resident abuse**
 If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

- My current mailing or home address is indicated in Section 1 of this form.
- I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the redisclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own (not applicable for Expedited Review submitted pursuant to CHRC Form 104).

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____
(if subject individual is under 18 years of age)

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name:	PFI/Operating License Number:
Print Name of Authorized Person:	Title:
Signature of Authorized Person:	Date:

Nursing Home Surveillance and Reporting System: CHRC 103 Form

Health, New York State

©Dept. of

Employee Information

Last Name* _____ First Name* _____ M.I. _____

Date of Birth* ____/____/____ Last Four digits of Social Security #. _____
mm dd yyyy

Maiden Name _____ Alias (AKA) _____

Street Number _____ Street Name or P.O. Box * _____

City * _____ State* _____ Zip Code* _____

Apartment Number _____ Home Phone (area code) _____

Cell Phone (area code) _____

Birth Country/Place* _____

Gender* _____ Race* _____ Height* _____ Weight* _____

Eye color* _____ Hair color* _____

- Signature of Agency Authorized Person
I agree, and it is my intent, to sign this record/document and affirmation by electronically submitting this 103-e application form for the subject individual. I understand signing and submitting this 103-e application form in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I am thereby affirming to the truth of the information contained therein. I will use the results of the criminal history record check solely for purposes authorized under article 28-E of the Public Health Law and Section 845-b of the executive Law, and I will abide by the requirements set forth in law. Informed consent (DOH CHRC Form102) has been given by the subject individual and is on file.*

Authorized Signature

* Required Fields.

NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.