



Bassett Healthcare Network Valley Health Services

690 West German Street
Herkimer, New York 13350

PHONE (315) 866-3330

WEBSITE: www.bassett.org/VHS

FAX (315) 866-6546

Equal Opportunity Employer
N.Y. STATE LAW AGAINST
DISCRIMINATION PROHIBITS
DISCRIMINATION BECAUSE OF AGE,
RACE, CREED, COLOR, NATIONAL
ORIGIN, SEX, DISABILITY OR
MARITAL STATUS.

APPLICATION FOR EMPLOYMENT

WE CONDUCT BACKGROUND CHECKS ON ALL REQUIRED POSITIONS

Please print in ink or type all information requested.

Last Name	First	Middle		Social Security Number
Present Address	City	State	Zip Code	Telephone Number
Permanent Address	City	State	Zip Code	Cell Number

Preferred Position	Salary Desired
How were you referred to this facility?	Are you applying for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Relatives or Friends Employed at this facility? Yes <input type="checkbox"/> No <input type="checkbox"/> Department	Date Available for Work
Have you ever been employed by this facility? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, when? _____ Are you 18 or younger <input type="checkbox"/>	Would you consider working: Any Shift Yes <input type="checkbox"/> No <input type="checkbox"/> Weekends/Holidays Y <input type="checkbox"/> N <input type="checkbox"/> Rotating Shifts Yes <input type="checkbox"/> No <input type="checkbox"/> On Call Yes <input type="checkbox"/> No <input type="checkbox"/> Shift Preference: _____
Long range occupational goals	
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you an Alien legally authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently: Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Eligible for: Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification <input type="checkbox"/>				
If licensed, Registered or Certified	Type	State Issued	Date	Number
	Type	State Issued	Date	Number
	Type	State Issued	Date	Number

PLEASE LIST ALL THE POSITIONS YOU HAVE HELD DURING THE LAST 10 YEARS – Use additional sheets if necessary.

From Mo/Yr	To Mo/Yr	From present or last position list employers name and full address. Include periods of military service.	Position Held and supervisor's name	Reason for leaving
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/	/			
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	NOTE:	Attaching a Resume here is not acceptable.		

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LEVEL	NAME OF SCHOOL	FULL ADDRESS	MAJOR	Mo/Yr Grad	DEGREE
Grammar School					
High School					
Nursing					
College/Univer.					
Post Grad.					
Other					

Did you ever work for VHS as an employee, trainee or volunteer under the same or different name? Yes _____ No _____

If yes, state name: _____

Dates: _____ Position _____ Department: _____

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Have you ever served in the U. S. Armed Services? Yes _____ No _____	Branch of Service: USA _____ USMC _____ USCG _____ USAF _____ USN _____ Date Inducted: _____ Date Discharged: _____	Military duties, education and training

List at least 3 references:

Name and Relationship (who are not relatives or employers)	Title	Company Name and Address	Telephone

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record? If so, please explain:

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I understand that I must satisfactorily pass a physical examination relative to the job for which I am being considered, subsequent periodic physical examinations and be photographed as a condition of employment. I understand that I will be bound on all employee benefits and retirement according to the age I furnish and in accordance with State and Federal laws if I am accepted for employment. In the event I leave, I agree to return all facility property issued to me.

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on the application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume) provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

DATE: _____

SIGNATURE: _____

APPLICANT DISCLOSURE STATEMENT

Pursuant to New York State Department of Health regulations, effective April 1, 2005 all applicants for non-licensed direct care or patient supervision positions at Valley Health Services, Inc. must complete, sign, swear to, and submit this disclosure form.

I, _____, in accordance with the New York State Department of Health regulations pertaining to criminal history record checks, do hereby disclose and swear to the truthfulness of the following disclosures:

I have been convicted of the following crimes and violations: (for each crime and violation listed, provide: (1) date of conviction; (2) crime or violation you were convicted of; (3) circumstances that led to your conviction; (4) any sentenced imposed [e.g., probation, any jail or prison term, restitution, "time served", monetary fine, etc.]; and (5) any proof of rehabilitation you may have-including a certificate of rehabilitation or a certificate of relief from disabilities).

(attach additional pages as necessary)

I have been convicted of no other crimes or violations other than those disclosed herein.

The following findings of patient or resident abuse have been made against me: For each finding listed, provide: (1) date of finding; (2) findings that were made against you; (3) circumstances that led to the findings; (4) the organization or entity which rendered the findings; (5) any discipline or sanction imposed.

(attach additional sheets as necessary)

There have been no other findings of patient or resident abuse made against me.

I understand that providing false information, failing to disclose a criminal conviction, or failing to disclose a finding or patient or resident abuse in this disclosure statement will result in the automatic denial of my employment application or termination of my employment regardless of the timing or circumstances of the discovery.

I hereby swear the foregoing disclosure statement is correct, accurate and true to the best of my knowledge; that I do not have any record of patient or resident abuse or a conviction of a crime (other than a traffic violation) involving sexual abuse, battery, burglary, theft, arson or drug trafficking.

Signed this _____ day of _____, 20____.

Signature _____

Print Name _____

If applicant is under the age of 18, a parent or guardian must sign:

Parent's or Guardian's Signature

Date

(applicant disclosure)

Notice to Applicants for Non-Licensed Direct Care Positions Regarding Criminal History Record Checks

The New York State Department of Health (DOH) requires all new employees of a residential health care facility in direct care positions to undergo fingerprinting and a criminal history record check conducted by the FBI. Each applicant must also sign a sworn statement disclosing whether he/she has ever been subject to a finding of patient or resident abuse or conviction for a crime or violation other than a traffic infraction. These requirements also apply to persons retained through a temporary staffing agency for direct care positions.

The process begins with fingerprinting and completion of the attached form. Valley Health Services, Inc. (VHS) will forward this information to DOH. VHS will keep its own records concerning the criminal history check confidential. The DOH will forward the information to the FBI which is responsible for compiling a criminal history report. When VHS receives the report, we will offer the applicant an opportunity to review the report and to submit a written explanation as to any of the information contained in the report.

Applicants may be employed on a provisional basis while VHS awaits the results of the criminal history record check (unless the applicant has already been disqualified for employment based on his/her disclosure). The provisional period may last for up to 60 days, and may be extended for an additional 60 days if we still have not received the report from the DOH. Provisional employees will be under direct supervision while in the facility or with residents.

Once VHS receives the results of the criminal history check, and any explanation provided by the applicant, we will decide whether or not to extend an offer of continued employment. An applicant may withdraw his/her application at any time prior to completion of this process. If the applicant chooses to withdraw, the fingerprint card and the criminal history report will be destroyed.

VHS reserves the right to terminate an individual who provides false information on his/her application for employment or in the sworn statement required by this policy. If the background check reveals a criminal conviction, VHS may request any information necessary in order to make an employment decision. This information will include, for example, the date of the conviction, the convicting court, and the circumstances surrounding the crime.

The DOH prohibits VHS from employing an individual whose background check reveals a conviction for any of the following crimes, as defined under New York law (or conviction outside New York for a comparable offense):

- Class A felony (e.g., first or second degree murder, first degree kidnapping, first degree arson).
- Class B or C felony (e.g., manslaughter, gang assault, attempted murder) within 10 years preceding the date of the record check.
- Class D or E felony listed in Penal Law Articles 120 (assault), 130 (sex offenses), 155 (larceny), 160 (robbery), 178 (criminal diversion of prescription medicines), or 220 (controlled substances) within 10 years.
- Any crime defined in Penal Law sections 260.32 (second degree endangering the welfare of a vulnerable elderly person) or 260.34 (first degree endangering the welfare of a vulnerable elderly person) within 10 years.

If the background check discloses a criminal conviction other than those listed above, VHS may still deny continued employment to the individual if a direct relationship exists between the criminal offense and the employment sought, or if employing the individual would create an unreasonable risk to the property or safety of others. The applicant must provide any information necessary for VHS to make this determination; an applicant who refuses to provide requested information will not be hired. VHS will consider the following factors in reaching its determination: the public policy of New York State to encourage employment of individuals with prior convictions; the specific duties and responsibilities of the position; the bearing of the criminal offense on the applicant's fitness or ability to perform the duties and responsibilities of the position; the time since the crime was committed; the applicant's age at the time the crime was committed; any information the applicant has produced regarding rehabilitation including any certificates from the parole board or sentencing court; and VHS's legitimate interest in protecting property and the safety and health of our residents, staff, visitors and the general public.

If VHS chooses to deny employment to an applicant based upon the results of the criminal history record check, we will notify the applicant by letter including the reasons for the decision.

Authority: 10 N.Y.C.R.R. Section 400.23; 18 N.Y.C.R.R. Section 505.14; N.Y. Executive Law Section 296; N.Y. Corrections Law Section 23-A.

(applicant disclosure)