Application for Employment

We welcome you to our facility and hope that your association with us is enjoyable and rewarding.

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION FOR EMPLOYMENT

Date: _____/_____/_____

(*Complete all sections thoroughly. A resumé may be attached but may not be substituted for completion of the application.*)

Print Name

_____

Last First Middle

Address

_____

Street City State Zip

Social Security Number _____ Telephone Number (____) _____

Email address: _____

Position(s) applied for: (1) _____ (2) _____

Hours or shift preferred _____ Date available to start work _____/_____/_____

Specify restrictions, if any, of days and hours (e.g. class schedule)

_____

Full Time ☐ Part Time ☐ Temporary ☐ Minimum compensation requirement $_____

Are you at least 18 years of age? Yes ☐ No ☐

Are you authorized to live and work in the United States? Yes ☐ No ☐
(*Verification of your legal right to work in the United States will be required within three days of being hired.*)

Have you ever been convicted of a felony? Yes ☐ No ☐

Are you able to perform the essential functions of the job for which you have applied? Yes ☐ No ☐

Clerical Skills/Computer Skills

List any computer skills, education or training related to the position applied for

_____

Record of Education

Please include name and address of school and under what name attended if different	Course of Study	# Years Completed	Did you Graduate	Diploma or Degree
High School				
College				
Other (specify)				

Employment History
Begin with your most recent employment and give employment history for the last **5 years**; if further space is needed attach additional paper.

Present or Most Recent Employer	Telephone Number ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes ☐ No ☐

Previous Employer	Telephone Number ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes ☐ No ☐

Previous Employer	Telephone ( ) Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes ☐ No ☐

Have you ever been employed with any of the following Health Services Management Inc. facilities located in Indiana? *Please mark all that apply*

___ Brownsburg Health Care Center
___ Castleton Health Care Center
___ Plainfield Health Care Center

References

List two references, home telephone numbers and years known. (*Do not include relatives or employers.)*

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number ( )	Telephone Number ( )
Years Known	Years Known

License/Certification

List all licenses and certifications including number and dates.

Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Health Services Management, Inc. I understand that employment with Health Services Management, Inc. is "at will" and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Health Services Management, Inc. I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with Health Services Management, Inc. I understand that either refusal to submit to the test or failure of the test per Health Services Management, Inc. policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant _____

Date: _____/_____/_____

Health Services Management, Inc. is an Equal Opportunity Employer and do not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status, or any other characteristic protected by law.

Crimes Barring Employment: IN

A Nursing Home may not employ a person who has been convicted of one or more of the offenses listed below. A person who knowingly applies for a job at a nursing home after a conviction of one of these offenses commits a Class A infraction. I,_____, attest I have not been convicted of any of the following crimes:

- First or Second-Degree Murder (IC 35-42-1-1).
- Exploitation of an endangered adult (IC 35-46-1-12).
- Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
- Voluntary Manslaughter (IC 35-42-1-3).
- Involuntary Manslaughter (IC 35-42-1-4) within the previous five (5) years.
- First or Second-Degree Assault
- Unlawful Endangerment of Another
- Tampering with a Judicial Officer
- Kidnapping
- Felonious Restraint
- False Imprisonment
- Interference with Custody
- Parental Kidnapping
- Child Abduction
- Elder Abuse in the First or Second Degree
- Harassment
- Stalking
- Forcible Rape
- First or Second-Degree Statutory Rape
- Sexual Assault
- Forcible Sodomy
- First or Second-Degree Statutory Sodomy
- First or Second-Degree Child Molestation
- Deviate Sexual Assault
- First Degree Sexual Misconduct
- Sexual Abuse
- Endangering the Welfare of a Child
- Abuse of a Child
- Robbery in the First or Second Degree
- Arson in the First or Second Degree
- Incest
- Pharmacy Robbery in the First or Second Degree
- Causing Catastrophe
- First Degree Burglary
- Felony Invasion of Privacy
- Failure to Report Abuse and Neglect to the Indiana State Department of Public Health
- Any Sex Crime Contained in (IC-45-1-12)

Employee Signature:_____ Date: _____

Authorization to Disclose Criminal History Information

I, _____, an employee or applicant for employment do hereby authorize and give my permission to Health Services Management Inc. to conduct a thorough investigation of any criminal record(s) and/or criminal activities. I understand this criminal history information check may be conducted by agents or employees of the Facility, by authorized State agencies, private investigation agencies and/or by any source deemed appropriated by the Facility.

By my signature below, I hereby authorize such investigation and give my permission to authorize law enforcement agencies and/or courts to release all criminal history information maintained in their files which may confirm or deny my eligibility for employment with this Facility.

I understand the Facility cannot guarantee confidentiality and the information may be provided to other State agencies, the Management Company, or any other person or entity the Facility deems appropriate. I further understand that if any criminal history is found to exist, I will be provided with a copy of the information and be given opportunity to correct, refute, or clarify the information in accordance with the Facility's criminal background check policy.

I hereby agree to hold the Facility, its agents, employees, State agencies, private investigative agencies, law enforcement agencies, courts and/or any other person or entity providing the facility with criminal history information, harmless from any and all damages of whatever type or nature, including court costs and attorney's fees suffered by any person or entity described herein, as a result of the investigation into my criminal history.

_____ _____

Name (please print) Social Security Number

_____ _____

Driver's License Number State Issued Date of Birth

Male ☐

Female ☐

_____ _____ _____

Sex Race Phone Number (include area code)

_____

Current Address City State Zip

_____ _____

Signature Date

Compliance and Ethics Program / Employment Application Supplement

Employee Name _____ Social Security Number _____

Maiden Name _____ Other Alias _____ Other Alias _____

Employee Address _____ City _____ State _____ Zip Code _____

I hereby attest that all names and alias names used to identify me have been disclosed above and to the best of my knowledge that I am not an "Ineligible Person" as defined below:

a. I am not currently excluded, debarred, or otherwise ineligible to participate in Federal Health Care Programs or in federal procurement or non-procurement programs; or

b. I have not been convicted of any criminal offense related to the provision of health care items or services, but not yet been excluded, debarred, or otherwise declared ineligible.

I further agree to disclose immediately to the center any debarment, exclusion, or other event that makes it ineligible to participate in Federal Health Care Programs.

I understand that this center has established a Corporate Compliance and Ethics Program. Accordingly, upon knowledge that an employee has become an "Ineligible Person", the center will immediately remove the employee from employment.

I understand that any falsification of information on this form will be grounds for immediate termination of my employment with this center.

Applicant Signature _____ **Date** _____

1. This applicant's name was submitted for comparison to the SAM Exclusion Lists at https://www.sam.gov on this date.

2. This applicant's name was submitted for comparison to the OIG Exclusion Lists at http://oig.hhs.gov on this date.

Facility Representative _____ Date _____