

# 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

**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

**Agency Application Addendum**

1. How did you learn of this job? \_\_\_\_\_
  
2. Language(s) other than English in which you are fluent: \_\_\_\_\_
  
3. Are you at least 18 years of age?  Yes  No
  
4. Have you ever filed an application with us before?  Yes  No  
If yes, give date: \_\_\_\_\_
  
5. Have you ever been employed with us or any Mays related company before?  Yes  No  
If yes, give date: \_\_\_\_\_
  
6. Can you travel if a job requires it?  Yes  No
  
7. Do you have any relatives (by blood or marriage) working for the Agency?  Yes  No  
If yes, List name(s), Relationship(s), and Location(s): \_\_\_\_\_
  
8. Have you ever served in the military?  Yes  No Branch: \_\_\_\_\_  
Highest Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Discharge Type: \_\_\_\_\_
  
9. Are you able to perform the tasks that appear on the attached job description with or without accomodations?  Yes  No
  
10. How would you perform the tasks, and with what accomodations? \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT**

By my signature below, I acknowledge that the forgoing statements are true and correct;

I give consent to conduct all inquiries listed in this certification;

I release companies, schools, & persons from liability for providing requested information; and

I acknowledge that I am seeking at will employment

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with the Agency, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to The Holmes Organization or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **The Agency's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

\_\_\_\_\_  
Full Legal Name (as on Driver's License)

\_\_\_\_\_  
Any other names used in the past

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Driver's License Number (please print clearly)

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Applicant Signature (required)

\_\_\_\_\_  
Date



## AUTHORIZATION AND RELEASE FOR CRIMINAL HISTORY/SEX OFFENDER CHECK

This Authorization and Release is executed under penalty of perjury on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, an applicant for employment (“Applicant”) with Agency (“Agency”).

Applicant understands that Agency receipt of a clear state and/or national felony record search is a condition of employment with Agency. Because Applicant desires employment with Agency, Applicant authorizes Agency to request and obtain the results of a national and/or state felony record search of Applicant’s name, fingerprints, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant’s felony record search results to Agency. Applicant also releases Agency of any and all liability relating to its request for, receipt and use of the search results.

Applicant acknowledges that Applicant has been furnished and understands all of the requirements of Agency Criminal Arrest History Policy and agrees to be bound by all of its terms and conditions.

***Applicant also agrees to truthfully answer the following questions:***

***HAVE YOU EVER:***

- a. Entered a plea of guilty or nolo Contendere to a state or federal Felony charge?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- b. Been convicted of a state or Federal felony offense?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- c. Been charged with a state or federal felony offense that was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- d. Entered a plea of guilty or nolo contendere to, or been convicted of, a state of federal misdemeanor charge involving illegal chemical substances or illegal sexual activity.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant understands that if Applicant is hired by Agency prior o receipt of the results of the felony record search, Applicant will be classified as a temporary employee until notified otherwise by Agency. Furthermore, Applicant understands that if the felony record search reveals a prior felony offense conviction or if Applicant provides a false response to one or more of the above questions, then Applicant will be denied employment. If Applicant is employed prior to receipt of the search results, then (1) Applicant is deemed to have resigned Applicant’s temporary employment with Agency, effective upon acceptance by Agency, and (2) Agency may accept Applicant’s resignation at any time after the date Agency was notified of either the unsatisfactory search results or the false response, whichever is later. Applicant understands and agrees that if hired by Agency, then Applicant is subject to a felony record search at any time during his/her employment with Agency and this Authorization and Release shall remain in full force and effect throughout Applicant’s employment with Agency.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date