



DEAR PROSPECTIVE EMPLOYEE:

THANK YOU FOR YOUR INTEREST IN JOINING OUR TEAM AT MILLER HOSPICE! THERE ARE A FEW CONDITIONS OF EMPLOYEMENT THAT YOU NEED TO BE AWARE OF BEFORE YOU CONTINUE THE APPLICATION PROCESS. THESE CONDITIONS ARE OUTLINED BELOW:

YOUR EMPLOYMENT AT MILLER HOSPICE IS CONTINGENT UPON SUCCESSFUL COMPLETION OF THE STATE REQUIRED FINGERPRINTING/CRIMINAL BACKGROUND CHECK, A DRUG TEST/PHYSICAL SCREENING, AND A TB SKIN TEST OR CHEST X-RAY. THESE TESTS ARE MANDATORY FOR YOU EMPLOYEMNT AT MILLER HOSPICE. ACTIVE EMPLOYMENT WITH OUR FACILITY WILL NOT BEGIN UNTIL ALL TESTS ARE COMPLETED AND SATISFACTORY RESULTS ARE RECEIVED.

YOUR CRIMINAL BACKGROUND CHECAK AND TB TEST WILL BE CONDUCTED AT THIS FACILITY. YOUR FINGERPRINTING APPOINTMENT AND DRUG TEST/PHYSICAL SCREENING WILL BE CONDUCTED AT OTHER FACILITES LOCATED IN TULSA. THE CRIMINAL BACKGROUND CHECK, DRUG TESTING AND PHYSICAL SCREENING ARE AT THE EXPENSE OF MILLER HOSPICE. THE FINGERPRINTING TEST IS AT THE EXPENSE OF THE APPLICANT.

YOU WILL BE EXPECTED TO REMAIN ABLE TO PERFORM ALL JOB-RELATED FUNCTIONS AND, IN COMPLANCE WITH STATE REGULATIONS, WILL RECEIVE A YEARLY TB SKIN TEST GIVEN BY THE FACILITY NURSES IN ORDER TO CONTINUE YOUR EMPLOYMENT HERE. WE RESERVE THE RIGHT TO CONDUCT RANDOM DRUG TESTING OF ALL EMPLOYEES.

ALL EMPLOYEES OF MILLER HOSPICE ARE "AT WILL EMPLOYEES" UNDER STATE OF OKLAHOMA LAW.

PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS REGARDING OUR APPLICATION PROCESS. AGAIN, WE THANK YOU FOR YOUR INTEREST IN MILLER HOSPICE.

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARDS TO RACE, COLOR, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY,
MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

POSITION(S) APPLIED FOR _____

HOW DID YOU HEAR ABOUT US? AD _____ WALK-IN _____ INTERNET _____ OTHER _____
FRIEND/NAME _____ RELATIVE/NAME/RELATIONSHIP _____

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

HAVE YOU EVER FILLED OUT AN APPLICATION WITH USE BEFORE? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES _____ NO _____ IF YES, GIVE
NAME AND DATES _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE
OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

****PROOF OF CITIZENSHIP OR IMMIGRATION STATUS REQUIRED UPON EMPLOYMENT****

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: FULL TIME _____ PART TIME _____ PRN _____

CAN YOU TRAVEL IF REQUIRED FOR POSITION? YES _____ NO _____

HAVE YOU EVER PLEAD "GUILTY", "NO CONTEST" OR BEEN CONVICTED OF A FELONY IN THE
LAST SEVEN YEARS? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)

****WE ARE AN EQUAL OPPORTUNITY EMPLOYER****

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job – related training received in the United States Military

EMPLOYMENT EXPERIENCE:

PLEASE DO NOT PUT "SEE RESUME." FILL OUT COMPLETELY. START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENT OR VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES, OR ANY OTHER PROTECTED STATUS.

Employer	<u>Dates Employed</u> From: To:	<u>Work Performed:</u>
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting: Final:	
Job Title	Supervisor:	
Reason for Leaving		
Employer	<u>Dates Employed</u> From: To:	<u>Work Performed:</u>
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting: Final:	
Job Title	Supervisor:	
Reason for Leaving		
Employer	<u>Dates Employed</u> From: To:	<u>Work Performed:</u>
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting: Final:	
Job Title	Supervisor:	
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Employer	<u>Dates Employed</u> From: To:	<u>Work Performed:</u>
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Reason for Leaving		
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Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting: Final:	
Job Title	Supervisor:	
Reason for Leaving		

ADDITIONAL INFORMATION:

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS: CHECK SKILLS/EQUIPMENT OPERATED

___ PBX System	___ Computer Software:	Production/Mobile Machinery (list):	Other (list)
___ Fax	___ Windows	_____	_____
___ Calculator	___ Solomon	_____	_____
___ Typewriter	___ Other:	_____	_____

State any additional information you feel may be helpful to us in considering your application

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. ___ Yes ___ No

REFERENCES:

1. _____ () _____
 (Name) Phone #

 (Address)
2. _____ () _____
 (Name) Phone #

 (Address)
3. _____ () _____
 (Name) Phone #

 (Address)

EMPLOYMENT REFERENCES:

I AUTHORIZE MILLER HOSPICE TO MAKE ANY INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER TO GIVE ANY INFORMATION THEY HAVE REGARDING ME TO MILLER HOSPICE. IN CONSIDERATION OF MILLER HOSPICE'S REVIEW OF THIS APPLICATION, I RELEASE MILLER HOSPICE AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AS A RESULT OF FURNISHING AND RECEIVING THIS INFORMATION.

PRINT NAME _____ SIGNATURE _____
DATE _____ SOCIAL SECURITY NO. _____

(TO BE COMPLETED BY FORMER EMPLOYER)

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION HELD: _____ SALARY _____

REASON FOR LEAVING: _____

WOULD YOU RE-HIRE? YES _____ NO _____ IF NOT, WHY? _____

OVERALL EMPLOYEE PERFORMANCE _____

HOW DID EMPLOYEE INTERACT WITH OTHERS? _____

HOW WOULD YOU RATE ATTENDANCE & PUNCTUALITY? _____

ANY OTHER INFORMATION? _____

COMPLETED BY:

COMPANY: _____ DATE _____

NAME _____ TITLE _____

EMPLOYMENT REFERENCES:

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PRINT NAME _____ SIGNATURE _____
DATE _____ SOCIAL SECURITY NO. _____

(TO BE COMPLETED BY FORMER EMPLOYER)

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

POSITION HELD: _____ SALARY _____

REASON FOR LEAVING: _____

WOULD YOU RE-HIRE? YES _____ NO _____ IF NOT, WHY? _____

OVERALL EMPLOYEE PERFORMANCE _____

HOW DID EMPLOYEE INTERACT WITH OTHERS? _____

HOW WOULD YOU RATE ATTENDANCE & PUNCTUALITY? _____

ANY OTHER INFORMATION? _____

COMPLETED BY:

COMPANY: _____ DATE _____

NAME _____ TITLE _____

APPLICANT'S STATEMENT:

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NOT INTENTIONALLY PROVIDED FALSE INFORMATION OR OMITTED ANY MATERIAL INFORMATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME, NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE. THIS MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE, MISLEADING, OMMITTED OR WITHHELD INFORMATION IN MY APPLICATION AND/OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT WITH MY EMPLOYMENT, I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT _____ DATE _____

Provisional Employment 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(L)(2), which requires a written statement from the applicant affirming and agreeing to the following:

1. The applicant is not disqualified from employment, an independent contract, or clinical privileges, based on the disqualifying criteria defined in subsection D of [\[Title 63 O.S. Section 1-1947\]](#);
2. The applicant agrees that, if the information in the registry screening and criminal history record check conducted under this section does not confirm the individual's statements under subparagraph a of this paragraph, his or her employment, independent contract, or clinical privileges shall be terminated by the employer as required under subsection D of [\[Title 63 O.S. Section 1-1947\]](#) unless and until the individual appeals and can provide that the information is incorrect;
3. That the applicant understands that the conditions described in paragraphs 1 and 2 may result in the termination of employment, independent contract, or clinical privileges, and that those conditions are good cause for termination; and
4. The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Where an individual is employed as a conditional employee, or has a conditional independent contract, or is granted conditional clinical privileges and the criminal history does not confirm the individual's statements under paragraph 1 above, the employer shall terminate the individual's employment, independent contract, or clinical privileges, as required by subsection E of [\[Title 63 O.S. Section 1-1947\]](#).

**A signed copy of this form OR AN EQUIVALENT STATEMENT
must be kept in the Human Resource file of the employee.**

BEFORE BEGINNING PROVISIONAL EMPLOYMENT

THE EMPLOYER MUST COMPLETE THE REGISTRY SCREENINGS IN OK-SCREEN

**THE EMPLOYER MUST REQUEST AUTHORIZATION TO FINGERPRINT
OR JOIN A PENDING DETERMINATION**

**THE APPLICANT MUST SIGN A STATEMENT
AFFIRMING THE CONDITIONS FOR PROVISIONAL EMPLOYMENT**

Provisional Employment Form – Page 2

PLEASE INITIAL EACH ITEM.

- _____ I have not failed to comply with all federal, state and municipal laws as applicable to my professional license, certification, permit or employment class, as established by the authority having jurisdiction for my professional license, certification, permit, or employment class;
- _____ I am not subject to an exclusion as described under Title 42 of the United States Code, Section 1320a-7;
- _____ I am not currently the subject of a substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United State Code, Section 1935i-3(g)(1)(c) or 1396r(g)(1)(c), or Section 1-1950.7 or 1-1951 Title 63 of Oklahoma Statutes.
- _____ I am not entered on the community services worker registry pursuant to Section 1025.3 of Title 56 of the Oklahoma Statutes.
- _____ I am not recorded on the Child Care Restricted Registry pursuant to Section 405.3 of Title 10 of the Oklahoma Statutes.
- _____ I am not registered pursuant to the Sex Offenders Registration Act, the Mary Rippy Violent Crime Offenders Registration Act, or registered on another state's sex offender registry;

Pursuant to Oklahoma law at [Title 63 O.S. Section 1-1947\(L\)\(2\)](#), by my signature below I affirm and agree to the following:

- a. I am not disqualified based on the disqualifying criteria listed above,
- b. I agree that, if the information in the registry screening and criminal history record check confirms that I am disqualified based on disqualifying criteria listed above, my employment, independent contract, or clinical privileges will be terminated unless and until I have appealed the determination and can provide that the information is incorrect, and
- c. I understand that false statements about disqualifying criteria will result in the termination of my employment, independent contract, or clinical privileges, and that those conditions are good cause for termination.

Pursuant to Oklahoma law at [Title 63 O.S. Section 1-1947\(N\)](#), The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Pursuant to Oklahoma law at [Title 63 O.S. Section 1-1947\(O\)](#), *an individual who knowingly provides false information regarding his or her identity, criminal convictions, or substantiated findings on a statement described in subparagraph a of paragraph 2 of subsection L of this section is guilty of a misdemeanor punishable by a fine of not less than One Hundred Dollars (\$100.00) nor more than Three Hundred Dollars (\$300.00), imprisonment in the county jail for not more than thirty (30) days, or by both such fine and imprisonment.*

My signature acknowledges that I have read, understand and accept the terms and conditions outlined on this form.

Printed Name of Applicant

Signature of Applicant

Date

Employment Disqualifiers in the Long Term Care Security Act

Title 63 O.S. Section 1-1945 *et. seq.*

Pursuant to Title 63 of the Oklahoma Statutes, Section 1-1947(D), an employer shall not employ, independently contract with, or grant clinical privileges to any individual who has direct patient access to service recipients of the employer, if one or more of the following are met:

- Failure to comply with any federal, state or municipal laws applicable to your license, certificate, permit, or employment class as established by the authority having jurisdiction for your license, certificate, permit, or employment class.
- If you are identified on one of the following registries:
 - The exclusion list as described under Title 42 of the United States Code, Section 1320a-7
 - A substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United States Code, Sections 1395i-3(g)(1)(C) or 1396r(g)(1)(c), or Sections 1-1950.7 or 1-1951 of Title 63 of the Oklahoma Statutes
 - Oklahoma Community Services Worker Registry
 - Oklahoma Child Care Restricted Registry
 - Any State or National Sex Offender registry
 - Oklahoma Violent Offender registry

The following criminal offenses apply to nurse aides, non-technical service workers, and those employment classes not otherwise licensed, certified or permitted for the purpose of employment with an employer subject to the Long Term Care Security Act:

If the results of a criminal history background check reveal that the subject person 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, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

If less than seven (7) years have elapsed since the **completion of sentence**^{*}, 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, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

^{*}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.

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(I)(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