

APPLICATION FOR EMPLOYMENT WITH LIFEPLAN CCO

LIFEPlan CCO is an Equal Opportunity/Affirmative Action Employer. All prospective employees will receive consideration on the basis of qualifications and without regard to race, color, age, sex (including pregnancy), religion, sexual orientation, national origin, mental or physical disability, military status, marital status, citizenship status, ancestry, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with qualified disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. If you need assistance completing any forms or to otherwise participate in the application process, please notify a representative of the Human Resources Department.

SECTION I: PERSONAL DATA

Name: _____
Last
First
MI

Address: _____
Street
City

_____ State Zip County

Primary Phone _____ Other Phone _____

Email Address _____

Are you at least 18 years of age or will you be by your first day of employment?	Yes	No
Are you legally authorized to work in the USA?	Yes	No
Have you applied for employment with LIFEPlan	Yes	No
Have you ever been employed by LIFEPlan	Yes	No

SECTION II: POSITION INFORMATION

Position (s) applied for: _____

Desired salary \$ _____

Willing to work
 (Check all that apply): Full-time Part-time Per Diem Days Evenings Nights

(The Agency has a policy of accommodating individuals based upon religious beliefs and practices)
 If position requires, are you available for overtime? Yes No

How did you learn about this position			(provide employee name)
LIFEPlan Website	Internet Posting	Employee Referral _____	
Print Advertisement	Job Fair/Open House	Social Media	Other
List any relatives employed by LIFEPlan			
Name	Relationship		
Name	Relationship		

SECTION III: EDUCATION

Name of High School _____

City _____ State _____ Diploma GED

College/University

1. School Name: _____

City _____ State _____

Degree Earned? Yes Associates Bachelors Masters Other

College/University

2. School Name: _____

City _____ State _____

Degree Earned? Yes Associates Bachelors Masters Other

College/University

3. School Name: _____

City _____ State _____

Degree Earned? Yes Associates Bachelors Masters Other

SECTION IV: SPECIAL SKILLS OR TRAINING: (List any skills you feel are applicable for the job you are applying for, including any additional licenses or certificates that may be job-related.)

Certification/License:

Computer Skills (Software or Hardware):

Other Special Skills/Certification or License:

SECTION V: EMPLOYMENT HISTORY:

If any employment was through a temporary staffing service, please list the name, address and phone number for that agency (not the company name of your temporary assignment).

1. Previous Employer: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____

Dates Employed: Start (mo/yr): _____ End (mo/yr): _____

Reason for Leaving:

Your Position: _____

Supervisor's Name: _____

Position Description:

2. Previous Employer: _____
Address: _____
City: _____ **State** _____ **Zip** _____
Phone Number: _____
Dates Employed: Start (mo/yr): _____ **End (mo/yr):** _____
Reason for Leaving: _____

Your Position: _____

Supervisor's Name: _____
Position Description: _____

3. Previous Employer: _____
Address: _____
City: _____ **State** _____ **Zip** _____
Phone Number: _____
Dates Employed: Start (mo/yr): _____ **End (mo/yr):** _____
Reason for Leaving: _____

Your Position: _____

Supervisor's Name: _____
Position Description: _____

4. Previous Employer: _____
Address: _____
City: _____ **State** _____ **Zip** _____
Phone Number: _____
Dates Employed: Start (mo/yr): _____ **End (mo/yr):** _____
Reason for Leaving: _____

Your Position: _____

Supervisor's Name: _____
Position Description: _____

If you need additional space for your work history, please use a separate sheet of paper and provide all the same information requested above – please note that for many positions, salary is based on years of experience up to 10 years.

SECTION VI: BACKGROUND

LIFEPLAN CCO will comply with all government requirements regarding employment

<p>Have you ever been convicted of any crime in any jurisdiction (e.g., a felony, misdemeanor, or simple conviction)? If Yes, Please Explain</p>	<p>Yes No</p>
<p>Do you have any pending criminal charges in any jurisdiction? If Yes, Please Explain</p>	<p>Yes No</p>
<p>Have you ever been debarred, excluded or suspended from participation in, or otherwise sanctioned under the Medicaid, Medicare, or other federal, state or third-party payment programs? If Yes, Please Explain</p>	<p>Yes No</p>
<p>Have you had a finding patient, student or consumer abuse in a nursing home, long term care facility, state education program or OPWDD certified program? If Yes, Please Explain</p>	<p>Yes No</p>
<p>Have you had a professional license denied, suspended or revoked? If Yes, Please Explain</p>	<p>Yes No</p>

DRIVING RECORD

This section only needs to be completed if you are applying for a position that requires you to drive for work.

<p>Do you have a valid driver's license? State Driver's License Number Class of License Issued:</p>	<p>Yes No</p>
<p>Within the last 3 years Have you had any incidents that are part of your driving record? If Yes, How many Incidents:</p>	<p>Yes No</p>

Have you been convicted of any driving related violation (e.g., moving violations, DWI/DUI)? If Yes, what was the Incident(s):	Yes	No
Suspension of your driver's license (including for an insurance lapse) If Yes, Date(s) of Incident:	Yes	No
Revocation of your driver's license If Yes, Date(s) of Incident:	Yes	No
Alcohol or drug related offenses If Yes, Date(s) of Incident:	Yes	No
Accident involving personal injury If Yes, Date(s) of Incident:	Yes	No
Do you have any pending moving or drug/alcohol related violations? If Yes, Date(s) of Incident:	Yes	No
Have you ever completed a driver's education course, a defensive driving course, or any other driving instruction program? If Yes, Date(s) of Course. Name of Course:	Yes	No

References - Please submit three professional references below. References will not be called without your permission.

Reference #1

Name: _____

Relation: _____

Email: _____

Phone: _____

Reference #2

Name: _____

Relation: _____

Email: _____

Phone: _____

Reference #3

Name: _____

Relation: _____

Email: _____

Phone: _____

Certification, Authorization, and Release of Information

I certify that all information and responses I have provided in this application are true and complete to the best of my knowledge. I understand that a material omission or a false or misleading answer to any question in the application process is grounds for denial of my employment or immediate dismissal.

I authorize the LIFEPlan CCO to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that my application for employment will not be processed unless I complete the Written Disclosure to Applicant and Consent to Request Consumer Report Information form. Further, I agree to release from liability such former employer(s) or other persons contacted by and providing information to LIFEPlan CCO during the course of LIFEPlan CCO's background check.

I understand that LIFEPlan CCO may be required to request a check of my criminal history record information and review the results of such check. I further acknowledge that I may be required to provide information, statements, and fingerprints as may be necessary for a criminal history record check. Where applicable, I understand that I have the right to obtain, review, and seek correction of my criminal history record pursuant to regulations and procedures established by the New York State Justice Center.

I hereby authorize LIFEPlan CCO to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the New York State Department of Health and LIFEPlan CCO. This information may be used only by LIFEPlan CCO, and only for the purpose of determining my suitability for employment in a position involved in direct patient care/supervision.

If I am applying for a position in which I will have the potential for regular and substantial contact with vulnerable persons, I understand that my name will be submitted to the New York State Central Register of Child Abuse and Maltreatment to determine if I am the subject of an indicated report of child abuse or maltreatment.

I hereby certify that I have reviewed the job description for the position(s) I am seeking and certify that I am currently able to perform the essential functions of the position(s) sought, with or without reasonable accommodation. After a conditional offer of employment has been made, if requested, I agree to take a job-related medical examination/health assessment at no personal expense. I authorize the examining medical provider to disclose the findings of such exams to LIFEPlan CCO. I understand that any misrepresentation about my qualifications for the position(s) sought, including the physical requirements of the position(s), will result in denial of employment or termination.

Pursuant to the Driver's Privacy Protection Act, 18 U.S.C. § 2721(b)(13), I hereby authorize LIFEPlan CCO and/or its representative or agent, to obtain my Drivers' License Record from the appropriate state motor vehicle department. I also understand and acknowledge that LIFEPlan CCO is part of the New York State DMV LENS Program and will receive information from the LENS Program regarding my driver license events as they post to my driving record. I understand that this does not alleviate my responsibility to personally notify the agency of such driving incidents in accordance with LIFEPlan CCO policy.

I understand that any offer of employment will be conditioned upon the satisfactory results of a criminal background check (including fingerprinting if required for the position), satisfactory completion (or results) of any applicable medical examination(s)/health assessment(s), receipt of satisfactory references, and other criteria as determined by the program into which I am being hired, (e.g.: current valid New York State driver's license, NYS nursing license, State Central Registry, etc.). I acknowledge and understand that, if I am currently employed by LIFEPlan CCO and offered employment for a different position conditioned upon a satisfactory background check, LIFEPlan CCO has no obligation to hold my current position open pending the results of the background check, and I have no right to return to that position or any other position at LIFEPlan CCO in the event I do not satisfactorily meet the foregoing background check requirements. In addition, when applicable, I understand that an annual health assessment may be a condition of employment.

I understand that this application is not a contract of employment.

APPLICANT SIGNATURE:

DATE: