PINE STREET, RENOVO, PENNSYLVANIA 17764 (570) 923-1000
THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

APPLICATION FOR EMPLOYMENT

Print Clearly. Complete all questions. A resume may be attached if desired.

(Last Name) (First Name) (Middle Initial)

(Address) (City) (State) (Zip)

(Home Telephone) (Work Telephone) (Social Security Number)

In the past 2 years have you lived out of state? YES NO

POSITION(S) DESIRED

Physicians/Advanced Care: Physician PA-C

Nursing: RN LPN CNA

Allied Health: Laboratory Technologist Radiologic Technologist EMT

Support Services: Housekeeping Maintenance Dietary

Administrative/Clerical: Registration Clerk Billing Clerk Unit Secretary

Other: _____

Are there any shifts that you are not willing to work? YES NO

Date Available: _____

Are you employed now? YES NO
If YES, may we contact your present employer? YES NO

Have you ever applied for employment with Bucktail Medical Center in the past? YES NO

Were you previously employed by Bucktail Medical Center? YES NO
If YES, please specify dates and position _____

Do you have any relatives employed at Bucktail Medical Center? YES NO
If YES, please list names and relationships _____

EDUCATIONAL/MILITARY EXPERIENCE

School Name	Location (City, State)	Major Course or Subject	Graduated YES	NO	Degree
High School					
Technical/Trade					
College (list all attended)					
Graduate Work (if any)					

MILITARY RECORD

Branch: **Date of Duty:** **Rank at Discharge:**

Nature of Duties:

Special Training:

PROFESSIONAL REGISTRATIONS, LICENSE, CERTIFICATIONS

Type	Number	Enrollment Date	Expiration Date

Note: If you are employed by Bucktail Medical Center, you will be required to provide documentation of your identity and eligibility to work in the United States as required by Federal Law.

Have you ever been convicted, plead guilty, or *no contendere* (no contest) to a felony or misdemeanor crime? YES NO

If YES, please describe type and date of conviction: _____

_____

Conviction will not necessarily disqualify an applicant from employment. However, there are specific criminal convictions that prohibit employment under the Pennsylvania Older Adults Protective Services Act and others may relate to your suitability for employment in the position for which you have applied.

Have you ever been dismissed from employment due to abuse of clients or residents? YES NO

Are you currently, or have you ever been, listed on a registry generated by any Local, State, or Federal governmental agency for the purpose of listing individuals that are prohibited from employment with a healthcare provider? YES NO

If YES, please state the offense and provide a complete detailed description; including date, state, and county of the offense: _____

_____

(Note: Conviction of a criminal offense will not necessarily preclude your employment)

EMPLOYMENT

List all employment for the last 10 years starting with your most recent or current position. Attach a separate sheet if needed. Account for all periods of unemployment. Complete all information.

Company Name:	Job Title:
Complete Address:	Supervisor's Name:
Telephone:	Salary:
Dates Employed From: To:	Reason for Leaving:
Company Name:	Job Title:
Complete Address:	Supervisor's Name:
Telephone:	Salary:
Dates Employed From: To:	Reason for Leaving:
Company Name:	Job Title:
Complete Address:	Supervisor's Name:
Telephone:	Salary:
Dates Employed From: To:	Reason for Leaving:

REFERENCES

List three (3) persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying.

Name:	Complete Address:	Telephone:	Occupation:
Name:	Complete Address:	Telephone:	Occupation:
Name:	Complete Address:	Telephone:	Occupation:

In case of emergency notify: _____

(Name) (Relationship)

_____

(Address) (Phone Number)

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED.

The information in this application is true to the best of my knowledge. I understand that any misrepresentation, falsification and/or omission of facts requested in this application may result in refusal to hire, or dismissal from employment.

I authorize Bucktail Medical Center to make any inquires it desires concerning me. I authorize schools, personal references, and my prior employers to release information they may have concerned me to Bucktail Medical Center. I release Bucktail Medical Center and all other persons or entities from any and all liability or claims for damage that may result from the release of the aforementioned information.

I agree to conform to and abide by the rules and policies of Bucktail Medical Center, and to work assigned shifts and/or overtime as required.

I understand that any offer of employment is conditioned upon my successful passing of: Post-Offer Employment Physical (including drug testing), Licensure/Certification Verifications (if applicable), Criminal History and Background Checks. If employed, I will be required to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence of identity and eligibility for employment.

I have been provided with a copy of the Job Description for the position or positions for which I am applying and I certify that I am able to perform the Essential Functions of the Position as listed in the Job Description with or without accommodation by Bucktail Medical Center.

I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of either Bucktail Medical Center or myself, unless termination is otherwise governed y a collective bargaining agreement.

I have read and I understand the above statements.

_____

(Signature of Applicant) (Date)

Applications are accepted and employees are chosen on the basis of ability and qualifications without regard to race, color, religion, sex, age, national origin, veteran, or disability status in compliance with federal, state, and municipal laws. The receipt of this application does not mean that a job opening exists and does not obligate Bucktail Medical Center in any way.

NOTICE TO APPLICANTS

Bucktail Medical Center requires criminal history background checks for all applicants or new employees who have been hired on or after July 1, 1997. Under the Pennsylvania Older Adults Protective Services Act employees with a criminal history of certain criminal convictions are not permitted to be employed by a long-term care nursing facility, regardless of when the conviction occurred.

If your criminal history record information indicates that you have been convicted of any of the following offenses, regardless of when the conviction occurred, you may *not* be employed by Bucktail Medical Center:

1) **An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device, and Cosmetic Act.**

2) **An Offense under one (1) or more of the following provisions of 18 Pa. C.S. (relating to crimes and offenses):**

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 3301	(relating to arson and related offenses)
Section 3502	(relating to burglary)
Section 3701	(relating to robbery)

A felony offense under Chapter 39 (relating to theft and related offenses) or two (2) or more misdemeanors under Chapter 39

Section 4101	(relating to forgery)
Section 4114	(relating to securing execution of documents by deception)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering the welfare of children)
Section 4305	(relating to dealing with infant children)
Section 4952	(relating to intimidation of a witness or victim)
Section 4953	(relating to retaliation against a witness or victim)

A felony offense under Section 5902 (b) (relating to prostitution and related offenses)

Section 5039 (c) or (d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors
Section 6312	(relating to sexual abuse of children)

3) **A Federal or Out-of-State offense similar in nature to those crimes listed in paragraphs (1) and (2).**

A criminal history as outlined above precludes employment with Bucktail Medical Center under the law. Convictions for offenses *not* listed above will not necessarily preclude employment with Bucktail Medical Center but may be considered in its decision to hire.

If you are hired on or after July 1, 1997, you are required to obtain a criminal history record check through the Pennsylvania State Police.

If you have not been a resident of Pennsylvania at all times for at least the last two (2) years or if you live outside Pennsylvania, you will also be required to obtain a criminal history record check from the FBI, as well as submit a full set of fingerprints in addition to State Police check.

Bucktail Medical Center will provide you with the necessary forms to initiate the criminal records check. If you do not cooperate with the criminal history check process, you will not be considered for employment.

You may be employed on a provisional basis, pending the outcome of the criminal history records check, provided that you affirm in writing that you are not disqualified from employment based on conviction for the prohibitive offenses outlined above. If State Police or FBI criminal history records check reveals a conviction for a crime that precludes employment under the law, you will be terminated immediately.

As part of its employment application procedures, Bucktail Medical Center requires you to provide a list of all criminal convictions. Convictions not included under the prohibitive convictions of the Older Adults Protective Services Act will be considered based on factors related to your suitability for employment in the position applied for, the type and severity of the crime, and when the conviction occurred.

AFFIRMATION FOR ALL APPLICANTS FOR EMPLOYMENT

I, _____, an applicant for employment with Bucktail Medical Center, herby affirm that I am not disqualified for employment due to prohibitive criminal conviction under Section 03 of the Pennsylvania Older Adults Protective Service Act. Specifically, I hereby affirm that I have not been convicted at any time of any of the following offenses:

1) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device, and Cosmetic Act.

2) An Offense under one (1) or more of the following provisions of 18 Pa. C.S. (relating to crimes and offenses):

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 3301	(relating to arson and related offenses)
Section 3502	(relating to burglary)
Section 3701	(relating to robbery)

A felony offense under Chapter 39 (relating to theft and related offenses) or two (2) or more misdemeanors under Chapter 39

Section 4101	(relating to forgery)
Section 4114	(relating to securing execution of documents by deception)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering the welfare of children)
Section 4305	(relating to dealing with infant children)
Section 4952	(relating to intimidation of a witness or victim)
Section 4953	(relating to retaliation against a witness or victim)

A felony offense under Section 5902 (b) (relating to prostitution and related offenses)

Section 5039 (c) or (d)	(relating to obscene and other sexual materials and performances)
Section 6301	(relating to corruption of minors
Section 6312	(relating to sexual abuse of children)

3) A Federal or Out-of-State offense similar in nature to those crimes listed in paragraphs (1) and (2).

I also affirm that I (check one):

_____ Have

_____ Have Not

Been a resident of Pennsylvania at all times for at least two (2) years immediately preceding the date of my application for employment.

_____	_____
(Date)	**(Signature of Applicant)**
	_____
	(Print Name)
	_____
	(Address)

AUTHORIZATION FOR REFERENCE CHECKS AND CRIMINAL HISTORY CHECKS

I have applied for employment with Bucktail Medical Center. As part of the application process, I understand that Bucktail Medical Center will conduct a background and reference check which may include a review of public records, criminal; history check, and inquires of my former employers and references which I have provided regarding my qualifications and suitability for employment, as well as verification of any information I have provided in the employment application. Included in this inquiry will be the obtainment of a report of criminal history information from the Pennsylvania State Police and in some cases, the Federal Bureau of Investigation in accordance with the requirements of the Pennsylvania Older Adults Protective Services Act, which prohibits the employment of persons convicted of certain crimes.

I hereby give my permission to any of my prior employers to release to Bucktail Medical Center any information regarding my work experience and employment, including, but not limited to job performance and disciplinary information.

I hereby authorize Bucktail Medical Center to conduct this background and reference check as part of the employment application process and I release from liability Bucktail Medical Center and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing Bucktail Medical Center with any information concerning my qualifications and suitability for employment, including the references I have identified on the employment application, as well as my former employers.

I authorize Bucktail Medical Center to send a copy of this authorization to my previous employers.

_____ (Date)

_____ (Signature of Applicant)

_____ (Print Name)

_____ (Address)

Please complete and return to Administration upon distribution of application

SP 4-164 (12-2017)

PENNSYLVANIA STATE POLICE

REQUEST FOR CRIMINAL RECORD CHECK

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

TRY OUR WEBSITE FOR A QUICKER RESPONSE
https://epatch.state.pa.us

REQUESTER NAME	BUCKTAIL MEDICAL CENTER
ADDRESS	1001 PINE STREET
CITY/STATE/ ZIP CODE	RENOVO, PA 17764
TELEPHONE NO. (AREA CODE)	570-923-1000

FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

DO NOT SEND CASH OR PERSONAL CHECK

CHECK ONE BLOCK

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $22.00, PAYABLE TO:
Bucktail Medical Center

☐ NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF $27.00, PAYABLE TO:
Bucktail Medical Center

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

SUBJECT OF RECORD CHECK

(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information *contained in the files of the Pennsylvania State Police Central Repository only.*

FEES FOR REQUESTS - $22.00. NOTARIZED FEE REQUESTS - $27.00.
******MAKE ALL MONEY ORDERS PAYABLE TO:*** Bucktail Medical Center

REASON FOR REQUEST

◄◄◄◄◄◄CHECK THE BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST►►►►►►

☐ INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. ($27.00 FOR REQUEST)

☐ ADOPTION (DOMESTIC) ☐ EMPLOYMENT ☐ VISA ☐ OTHER

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919