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 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 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 child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing with infant children).
Section 4952 (relating to intimidation of witness or victim).
Section 4953 (relating to retaliation against 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 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 records 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 a conviction for the prohibitive offenses outlined above. If the 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 that relate to your suitability for employment in the position applied for, including, 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, hereby affirm that I am not disqualified from employment due to a 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 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).
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Section 3502 (relating to burglary).
Section 3701 (relating to robbery).
A felony offense under Chapter 39 (relating to theft and related offenses) or two or more misdemeanors under Chapter 39.
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Section 4114 (relating to securing execution of documents by deception).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing with infant children).
Section 4952 (relating to intimidation of witness or victim).
Section 4953 (relating to retaliation against 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

_____

Name (print)

_____

Address

_____

Authorization for Reference Checks And Criminal History Checks

I have applied for employment with Bucktail Medical Center. As a 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

_____
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