

**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

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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"> 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, | <ul style="list-style-type: none"> e. manslaughter, f. kidnapping, g. aggravated assault and battery, h. assault and battery with a dangerous weapon, or i. arson in the first degree. |
|--|---|

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 sentence¹, 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"> 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, | <ul style="list-style-type: none"> 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. |
|--|--|

¹ 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

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

EMPLOYMENT APPLICATION SUPPLEMENT

Name of applicant (Print)	Date
Name of provider agency	

PART 1.

As I apply for a job as a community services worker, I understand that:

- prior to employing me, the community services provider is required by Oklahoma law to conduct:
 - a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI);
 - and
 - a check of the Community Services Registry.
- the community services provider is prohibited by Oklahoma Statute from hiring, contracting with, or using as a volunteer, any person who has been convicted, pled guilty, or pled nolo contendere to a felony or to misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.
- the community services provider is also forbidden to hire, contract with, or use as a volunteer, any persons whose name appears on the Community Services Registry.
- my employment may be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.
- I must report to the community services provider all of my current and previous employers who provide services to vulnerable adults.
- giving false information regarding my previous employers may result in termination of my employment.

I have received a copy of this signed Form DDS-39.

Signature of applicant

Date

Personal Information

Name: _____
(Last) (First) (Middle) (Maiden or Any Other)

Address: _____ Social Security Number: _____
(Street or P.O. Box) (City) (State) (Zip)

Date of Birth: _____ Sex: ___ M ___ F Race: _____ Daytime Phone Number: _____

Previous CNA Training - Complete this section only if you will require training at this place of employment.
If you have had CNA Training in the past for any of the categories of LTC, HHA, ADA, RCA or DDA, please fill out the following:

Category: _____ Employer Name: _____ Number of Training Days: _____
Category: _____ Employer Name: _____ Number of Training Days: _____
Category: _____ Employer Name: _____ Number of Training Days: _____

Criminal Arrest Check List

Employment at this employer shall not be considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- | | |
|--|--|
| A. Assault, battery or assault and battery with a dangerous weapon | I. Abuse, neglect or financial exploitation of any person entrusted to his care or possession |
| B. Aggravated assault and battery | J. Burglary in the first or second degree |
| C. Murder or attempted murder | K. Robbery in the first or second degree |
| D. Manslaughter except involuntary manslaughter | L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm |
| E. Rape, incest or sodomy | M. Arson in the first or second degree |
| F. Indecent exposure and Indecent exhibition | N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act. |
| G. Pandering | O. Grand larceny, or |
| H. Child abuse | P. Petit larceny or shoplifting within the past seven (7) years. |

It is further understood that if I am hired, it will be as a temporary employee until my criminal background check is received by the employer. 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 that I have no previous convictions as listed in the Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section). 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 Department of Health and the Oklahoma State Bureau of Investigations authority to proceed with criminal record history checks as required by law.

Signature of Applicant

Date of Signature

~~This section to be completed by the employer. Please do not detach this section, submit the whole page to the department.~~

Employer/Applicant Information

Employment Start Date: _____

- The applicant is: A Certified Nurse Aide in the state of Oklahoma
 Providing services as a Personal Care Assistant in a Medicaid-certified home health agency.
 Enrolled in a training program – Training Start Date: _____
(The training date must be supplied unless applicant is certified or a PCA)

Employer Name: _____ Employer Type: _____

Employer Address: _____ Phone Number: _____

Nurse Aide Registry Check:

Conducted Nurse Aide Registry Check via telephone at 1-800-695-2157.

Date: _____ Name: _____

SSN: _____

Results:

Checked by: _____

References:

1. Name of person giving reference: _____ Phone #: _____

Type of reference: Professional Personal (Circle one)

If professional reference, please confirm applicant's employment dates:

From: _____ To: _____

If professional reference, is applicant eligible for rehire? _____ Yes _____ No

If no, why?

If personal reference, what makes applicant desirable for employment?

Comments: _____ Good Reference

Checked By: _____ Date: _____

2. Name of person giving reference: _____ Phone #: _____

Type of reference: Professional Personal (Circle one)

If professional reference, please confirm applicant's employment dates:

From: _____ To: _____

If professional reference, is applicant eligible for rehire? _____ Yes _____ No

If no, why?

If personal reference, what makes applicant desirable for employment?

Comments: _____ Good Reference

Checked By: _____ 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.

Consent and Release Form

Crimes That May Block Your Employment

Long Term Care Security Act – Title 63 O.S. Section 1-1945 *et. seq.*

You must be fingerprinted to work with this employer. We will do a national background check and an arrest in any state is reviewed. Your fingerprints will be used to check the criminal history records of the FBI. The FBI will retain your fingerprints and associated information/biometrics and, while retained, your fingerprints will continue to be compared against other fingerprints submitted to, or retained by, the FBI.

If convicted for a crime listed below, you may not be able to work for nursing, assisted living, adult day care, and residential care facilities; homes for the developmentally disabled; group homes; home health and hospice agencies.

These crimes apply to nurse aides, activity, social services, kitchen, housekeeping, maintenance and other non-licensed jobs. Licensed boards define the crimes that apply to for licensed health care professionals. Tell this provider if you were fingerprinted for your license. Your arrest history will be monitored. If sentenced for any disqualifying crimes while employed you may lose your job.

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime:¹

- 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.

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime and less than seven (7) years has passed since you completed the terms of your sentence, including any period of deferment²:

- 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.

¹ 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. [63 O.S. § 1-1950.1(C)(1)]

² 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 [63 O.S. § 1-1950.1(C)(2)]

* The law defines "Completion of the sentence" to mean 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 [63 O.S. § 1-1950.1(A)(5)]

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 your 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: _____ State and Country of Birth: _____

US Citizen Y N Race: _____ Gender: M F Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Phone Number: _____

Home Mobile

Social Security Number: _____

Current Address: _____

Current City/State/Zip: _____

In what other states have you lived after 17 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. Both agencies will conduct a state and national criminal history records check and retain my fingerprints for comparison against other fingerprints submitted to, or retained by, the OSBI or FBI.

Applicant's Signature

Date