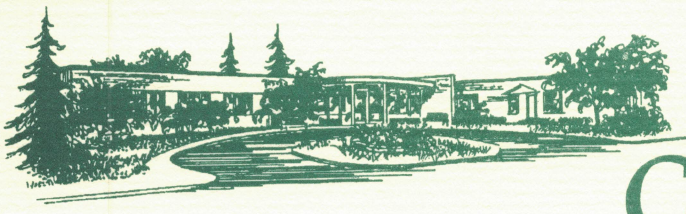

Pineview Commons

Home for Adults

An Assisted Living Facility

INSTRUCTIONS FOR COMPLETING ATTACHED APPLICATION

Dear Applicant:

Thank you for your interest in employment at our community.

Attached you will find:

1. Employment Application – Complete first three (3) pages. Pages **MUST** be completed in full.

2. 2 Reference check forms. Please sign page two on both reference checks.

The attached application **MUST** be completed in full. Sign and date.

This application **CANNOT** be considered eligible for review unless completed in full.

Thank you

Management
Pineview Commons

201 South Melcher Street, Johnstown, NY 12095 • 518-762-5488 •Fax 518-762-5583

Pineview Commons ACF/ALP LLC

Questionnaire for New Employees

Criminal History Record Check

Name: _____ Date Hired: _____

Maiden Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

SS#: _____

Home Phone #: _____ Cell #: _____

Date of Birth: _____ County of Birth: _____

City of Birth: _____ Country of Birth: _____

Sex: _____ Race: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Mother's First Name: _____

Mother's Maiden Name: _____

DOH CHRC 102 (1/07)

NYS Department of Health
ACKNOWLEDGEMENT AND CONSENT FORM FOR FINGERPRINTING AND DISCLOSURE OF CRIMINAL HISTORY RECORD INFORMATION
THIS FORM IS TO BE RETAINED BY THE AGENCY- DO NOT FORWARD TO THE DOH CHRC UNIT.

chrc@health.state.ny.us

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

LAST Name	FIRST Name	M.I.	
Date of Birth (mm/dd/yyyy)	Mother's Maiden Name	Alias: AKA	

Mailing Address (street)	City	State	Zip

SECTION 2 - ATTESTATION

1. I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).

2. I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.

3. I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary to be provided to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, as maintained by DCJS or the FBI, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. I have been advised that by law, DOH is authorized and may be required to provide the results of the criminal history record check through a criminal history record summary to the agency. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.

4. I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.

5. I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI.

6. I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.

7. I certify to the best of my knowledge and belief that I (check as appropriate):
   - ☐ **Have** ☐ **Have not been convicted of a crime in New York State or any other jurisdiction**
   - ☐ **Do** ☐ **Do not have a final finding of patient or resident abuse**

   If you have checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

   _____

8. My current mailing or home address is indicated in Section 1 of this form.

9. I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the rediscloure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own (not applicable for Expedited Review submitted pursuant to CHRC Form 104).

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian N/A Date: -------
(if subject individual is under 18 years of age)

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name: Pineview Commons ALP LLC	PFI/Operating License Number: 1288L001
Print Name of Authorized Person: Kara Vollmer	Title: Administrator
Signature of Authorized Person:	Date:

Pineview Commons Assisted Living
201 South Melcher Street.
Johnstown, NY 12095
762-5488
Fax: 762-5583

REFERENCE CHECK

Name of Applicant: _____ Date: _____

Name of Agency: _____

Employment Dates: _____ Job Title: _____

TO THE EMPLOYER:

The applicant listed above has applied for a position with Pineview Commons Licensed Home Care Services Agency, (LHCSA), Assisted Living Program, (ALP) and/or Adult Home ***and has listed you as a previous employer***. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance, so that we can maintain the highest caliber of health care personnel. All information will be held in the strictest confidence. Thank you for your cooperation.

1. Does the applicant history listed above correspond with your own records? Yes___ No___
   If no, please give correct information: _____

2. Would you re-hire this employee? Yes___ No___
   If no, please explain: _____

_____

3. Has applicant had an In-service within the last two (2) months? Yes___ No___

4. What duties did the applicant perform? _____

_____

5. Comments: _____

_____

_____

Name of Agency: _____

Employee Name: _____

PLEASE MARK AS: EXCELLENT GOOD AVERAGE POOR

Attendance

_____

Punctuality

_____

Dependability

_____

Quality of Work

_____

Job Knowledge

_____

Accepts Supervision

_____

Personal Appearance

_____

Attitude

_____

Name of Agency: _____

Name of Person Completing Form: _____

Title: _____ Date: _____

_____ _____

Applicant's Signature Date

Pineview Commons Assisted Living
201 South Melcher Street.
Johnstown, NY 12095
762-5488
Fax: 762-5583

REFERENCE CHECK

Name of Applicant: _____ Date: _____

Name of Agency: _____

Employment Dates: _____ Job Title: _____

TO THE EMPLOYER:

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2. Would you re-hire this employee? Yes___ No___
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_____

3. Has applicant had an In-service within the last two (2) months? Yes___ No___

4. What duties did the applicant perform? _____

_____

5. Comments: _____

_____

_____

Name of Agency: _____

Employee Name: _____

PLEASE MARK AS: EXCELLENT GOOD AVERAGE POOR

Attendance

_____

Punctuality

_____

Dependability

_____

Quality of Work

_____

Job Knowledge

_____

Accepts Supervision

_____

Personal Appearance

_____

Attitude

_____

Name of Agency: _____

Name of Person Completing Form: _____

Title: _____ Date: _____

_____ _____

Applicant's Signature Date

EMPLOYMENT APPLICATION

PINEVIEW COMMONS HOME FOR ADULTS
201 South Melcher Street
Johnstown, New York 12095
(518) 762-5488

Last Name First Middle Date

Street Address Home Phone Business Phone

City, State, Zip Social Security #

Position Desired Circle One: Full-Time Part-Time Pay Expected

Other Special Training and Skills Date You Can Begin Work

Are you able to be flexible and report to work on short notice? Yes____ No____
Available Weekends and Holidays? Yes____ No____
Are you over eighteen years old? Yes____ No____
Are you able to rotate shifts if deemed necessary by the Home? Yes____ No____
Will you work overtime if asked? Yes____ No____
Will you take call and carry a beeper if needed or asked? Yes____ No____

SCHOOL	Name & Location of School	Course of Study	Years Completed	Diploma/ Degree
College				
High School				
Elementary				
Other				

Do you have any physical, emotional, or mental disabilities that would prevent you from providing physical assistance and emotional support required of you to care for dependent adults? No____ If Yes____ Explain Fully: _____

EMPLOYMENT APPLICATION

Have you ever been convicted of a felony or a crime? No___If Yes___Explain Fully:___

_____

_____

*****PLEASE GIVE ACCURATE, COMPLETE FULL AND PART-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER.**

EMPLOYMENT

1. _____
Name of Employer Telephone

_____
Address Employed (Month and Year)
From To

_____
Name of Supervisor Weekly Pay

_____
Job Title and Job Description Reason for Leaving

2. _____
Name of Employer Telephone

_____
Address Employed (Month and Year)
From To

_____
Name of Supervisor Weekly Pay

_____
Job Title and Job Description Reason for Leaving

3. _____
Name of Employer Telephone

_____
Address Employed (Month and Year)
From To

_____
Name of Supervisor Weekly Pay

_____
Job Title and Description Reason for Leaving

EMPLOYMENT APPLICATION

PERSONAL REFERENCES

Name Telephone

Address Occupation

Name Telephone

Address Occupation

Name Telephone

Address Occupation

Are you under the supervision of a caseworker, job coach, or any other agency that is assisting you in finding employment? No___ Yes___ If yes, please explain: _____

APPLICANT'S SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain the nature and substance of the information contained in the report.

I give you permission to check my references.

Date Applicant Signature

EMPLOYMENT APPLICATION

FOR EMPLOYER'S USE ONLY

EMPLOYER PERSONS CONTACTED RESULTS

1. _____
2. _____
3. _____

PERSONAL PERSONS CONTACTED RESULTS

1. _____
2. _____
3. _____

DATE: _____

INTERVIEWER'S NAME: _____ TITLE: _____

COMMENTS:

_____
_____
_____
_____