



Dear Candidate,

Thank you for applying at the Chris Jensen Health and Rehabilitation Center. We appreciate your interest in joining the Chris Jensen Health and Rehabilitation Center Community! We will carefully assess your qualifications for the position you applied for and should there be a match between your skills and our current needs, we will contact you with additional information on next steps within the interview process.

Enclosed in this packet you will find:

- CFC BGS Data Collection Form
- Office of Inspector General Authorization Form
- Employment application

Please note that all of the following information within the each document (unless otherwise indicated) are required (a "*" indicates that the field is optional).

Applicants who meet all of the listed minimum qualifications will be considered. Also, all finalist candidates for employment will be subject to license checks, OIG check, reference checks and background screen. Chris Jensen Health and Rehabilitation Center's search process is thorough and consequently takes time. While we endeavor to conclude the search process as quickly as possible, we will attempt to keep you informed of our progress as we go through the process. Our top priority is to hire qualified individuals to provide great care making lives better for people every day!

Here at Chris Jensen Health and Rehabilitation Center we serve the changing healthcare needs of aging Minnesotans and others in the Duluth area. Our dedicated staff provides exceptional skilled nursing care, and focused rehabilitation services. We appreciate your interest in this position and our community!

Sincerely,

Amy Porter
Executive Director

HOSPITALITY STEWARDSHIP INTEGRITY RESPECT HUMOR

EMPLOYMENT APPLICATION

Chris Jensen Health & Rehabilitation Center is an Equal Opportunity Employer. Applicants will be considered for all positions without regard to race, color, religion, creed, gender, national origin, age disability, martial or veteran status, sexual orientation, or any other legally protected status. If you need a reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department or other designated company representative.

Please complete all sections and be sure to print, using ink. Today's Date:

GENERAL INFORMATION

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Home Telephone Number:

Cell Telephone Number:

Email Address:

Are you 18 years or older?

Yes

No

Are you legally authorized to work in the United States?

Yes

No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For:

* Please note that your application will only be considered for the position you identify.

Type of Employment Desired:

Full-time

Part-time

Weekends only

On-Call

Preferred Hours:

Days

Evenings

Nights

Specify days and hours available:

Date available to start work:

Salary Expectations:

Have you applied for employment with this company within the last 12 months?

Yes

No

Have you ever worked for us before?

Yes

No

(Please provide your name of record at that time, job title, and dates of employment)

Name

Job Title

Dates of Employment

EDUCATION

Describe your educational background. Include degree(s), licensure, continuing education, certification(s), etc.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Diploma/Degree/Certificate				
License/Registration/ Certification Information	Type	State	Number	Expiration Date

Is your license, registration, or certification subject to any restriction, or currently under investigation? Yes No

If yes please provide: DATE _____

NAME OF REGULATORY BODY _____

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability, or age.

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination, and reason for termination:

EMPLOYMENT HISTORY

(Enter your job history for the past 10 years, starting with your *most recent* position.
Include all military history. Please provide this information even if you have submitted your resume.)

NAME OF EMPLOYER:	ADDRESS:		
TELEPHONE NUMBER:	POSITION:	SALARY:	
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME OF EMPLOYER:	ADDRESS:		
TELEPHONE NUMBER:	POSITION:	SALARY:	
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME OF EMPLOYER:	ADDRESS:		
TELEPHONE NUMBER:	POSITION:	SALARY:	
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NAME OF EMPLOYER:	ADDRESS:		
TELEPHONE NUMBER:	POSITION:	SALARY:	
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:			
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

Please provide names of three business references that are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This company's policies and procedures, including employment at-will, cannot be modified in any way without expressed written intent to do so by the president of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this company and its representatives to contact my prior employers, former supervisors and company personnel, schools, and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies. I authorize my prior employers to provide this company any job-related information, personal or otherwise, they may have regarding me and I release this company and them from any liability resulting from the release of this information. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by this company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Date

(Signature of Applicant)

VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS

TO ALL APPLICANTS:

Chris Jensen Health & Rehabilitation Center is an **Equal Opportunity Employer** and as such we are subject to certain governmental recordkeeping and reporting requirements. At this time, we are asking you to help us meet our obligations by completing the following information. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment.** All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

Part I: General Information:

Name: _____ Today's Date: ____ / ____ / ____
Last First MI Month/ Day / Year

Position Applied for: _____

Part II: Gender, Ethnicity/Race, Veteran and Disability Information:

(For Ethnicity and Race, please check ONE box only from the list below)

<p><u>Race or Ethnic Identity:</u></p> <p><input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><input type="checkbox"/> White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> Asian (not Hispanic or Latino) -</p> <p><input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)</p> <p><input type="checkbox"/> Two or More Races (not Hispanic or Latino)</p> <p><input type="checkbox"/> I wish to not self identify</p>	<p><u>Gender:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> I wish to not self identify</p>
---	---

<p><u>Please Check if any of the following apply:</u></p> <p><input type="checkbox"/> Vietnam Era Veteran</p> <p><input type="checkbox"/> Special Disabled Veteran</p> <p><input type="checkbox"/> Other Protected Veteran</p>	<p><input type="checkbox"/> Recently Separated Veteran</p> <p><input type="checkbox"/> Armed Forces Service Medal Veterans</p> <p><input type="checkbox"/> Disabled Individual</p> <p><input type="checkbox"/> I wish to not participate</p>
---	--

Part III: REFERRAL SOURCE: Please indicate how you heard about this opening

<input type="checkbox"/> Company website	<input type="checkbox"/> Job board	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Search firm
<input type="checkbox"/> Educational institution	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee referral	<input type="checkbox"/> College Recruiting
<input type="checkbox"/> Professional Association	<input type="checkbox"/> Temp agency	<input type="checkbox"/> Other: _____	

Office of Inspector General Authorization Form

As part of the pre-employment process, I understand that the company will perform Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) Checks. OIG is an investigating office in the Federal Government. OIG's mission is to protect the integrity of Department of Health & Human Services Programs as well as the health and welfare program beneficiaries. A majority of OIG's resources goes toward the oversight of Medicare and Medicaid. OIG develops and distributes resources to assist the health care industry in its efforts to comply with the Nations' fraud and abuse laws. By running pre-employment and regular OIG checks the company stays in compliance with this regulation.

I understand that these records are used to determine eligibility and qualification for employment and if I fail to list all names used this may result in immediate termination of employment.

Signature _____ Date _____

Printed Name _____

List all other names used (maiden names, nick names, etc.):



Minnesota Department of **Human Services** _____

CFC BGS DATA COLLECTION FORM AFC/FADS DATA COLLECTION FORM

Please note that all of the following information (unless otherwise indicated) is required by the Bureau of Criminal Apprehension (BCA) or Federal Bureau of Investigations (FBI). * Indicates that the field is optional.

Please check one of the following:

Applicant/License-Holder
 Household Member
 Other

First Name	Middle Name	Last Name	
Prior Names and Aliases			
Date of Birth	* Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Eye Color	Hair Color	Height	Weight
Place of Birth		Telephone #	
Street Address		City	
State	Zip	County	
Driver's License # or MN State-issued ID #	Expiration Date of ID	* Social Security #	

Have you lived at the above address for over 5 years? **Yes** **No**

If no, please list all city and states where you lived within the last 5 years:

City:	State:	Year From:	Year To:

ACKNOWLEDGMENT

I acknowledge that I have read this form and that I have been notified of and understand that the Minnesota Department of Human Services needs this information to complete the background study.

Signature

Signature of Parent or Guardian (Required for Minors Only)

Date

This area is for agency use only

To ensure accurate processing of the components of NETStudy 2.0 that rely on name and date of birth for matching, it is important that you verify the identity of the subject of the background study. The subject's name and date of birth on this form must match the information on the subject's identification (ID). A list of acceptable forms of ID may be found on the DHS public website.

Identification of the subject has been verified.

For family CFC only: If the individual has lived outside of the state within the last five years, complete the Child Abuse Neglect Registry (CANR) process in the NETStudy 2.0 system.

Attachment – Background Study Notice of Privacy Practices

September 2016



FINGERPRINT AND PHOTO INFORMATION FOR DHS BACKGROUND STUDY SUBJECTS

Why am I required to have a background study?

State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS).

Are fingerprints and a photograph required?

Yes. State law passed in 2014 requires background study subjects to be fingerprinted and photographed. Fingerprint-based background studies will result in faster and more accurate background study determinations.

What information do I have to provide?

You must provide your full name and any prior names, including names and aliases by which you previously have been known. You also must provide your date of birth, address, sex, eye color and hair color, height, weight, and place of birth. You do not have to provide your Social Security number (SSN) unless you want your background study determination to be available to another entity in the future. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Why do I have to provide so much personal information?

The information is required by the Minnesota Bureau of Criminal Apprehension (BCA) and the FBI to complete a fingerprint-based background study.

How will my photograph be used?

Your photo will be used to verify your identity; it stays in the DHS system. It will be available to the entity that submitted your background study request to prove that you were the person who was fingerprinted. It will also be available to entities to which you give permission to view your background study determination.

Can a background study from another agency be used in place of the DHS study?

No. Background studies completed either for or by another agency cannot be used in place of a DHS background study. DHS background studies include reviews of county and state child and vulnerable adult maltreatment determinations and Minnesota Court Information System records.

Can I submit fingerprints from another agency for my DHS background study?

No. Fingerprints recorded by any other sources cannot be used for your DHS background study. Your fingerprints and photo must be taken at a DHS authorized location. The locations are operated by 3M Cogent (<http://www.cogentid.com>).

Is there a time limit for being fingerprinted and photographed?

You have up to 14 calendar days from the day your background study request was submitted by an entity. The deadline will be printed on the fingerprint authorization form which will be given to you by the entity that submitted your background study request.

Do I have to be fingerprinted again?

In most cases, you will only be required to be fingerprinted once if you choose to provide your SSN. Future employers will be able to view your background study determination if you give them your SSN. If you do not provide your SSN you will need to be fingerprinted and photographed again for your next background study.

Where can I find more information?

You can find more information on the DHS Background Study website by going to <http://www.mn.gov/dhs> and selecting General Public > Office of Inspector General > Background Studies. You can find more information about fingerprint and photo service locations at <http://www.cogentid.com>.



BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
Background Studies Division
NETStudy 2.0 Coordinator
PO Box 64242
St. Paul, MN 55164-0242

How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998