

**NELSON COUNTY HEALTH SYSTEM
DISCLOSURE STATEMENT**

To the Prospective Employee:

In compliance with the provisions in the 1994 Anti-Crime Act, we request that you fill in the Disclosure Statement below. Please return the completed form along with your application as we cannot continue processing your application until the information is received.

FULL NAME: _____

ADDRESS: _____

PHONE #: _____ DATE OF BIRTH: _____

Please complete and sign SECTION ONE or SECTION TWO of this Disclosure Statement, depending upon which applies to you.

Section One

I have never been convicted of a crime other than a minor traffic violation (meaning no points were lost on your license and your license was not restricted and/or taken away) or have never been disciplined by a regulatory licensing board.

Date: _____ Your Signature: _____

Section Two

(If you have been convicted of more than one crime, attach additional pages answering the same questions.)

I have been convicted of a crime other than minor traffic violations. Information regarding the crime for which I was convicted (in any state, province, or country) is as follows:

1. Criminal Charge:
2. Jurisdiction (court, county state) in which I was convicted:
3. Date of conviction:
4. Penalty imposed, including conditions of the probation or conditional release and time periods of the penalty:
5. Name and address of the probation or parole agent, if any:
6. Date of my release from incarcerations, if applicable:

If I have been convicted of more than one crime, the same information regarding each additional crime is given on the pages which I have attached as part of this Disclosure Statement.

Date: _____ Your Signature: _____

IMPORTANT

Read carefully and initial each paragraph BEFORE signing at the end of this document:

I understand that my employment by this facility will be subject to a 90 day probationary period with subsequent reviews, on at least an annual basis or as applicable. If employed by Nelson County Health System, I agree to abide by its rules, regulations, and policies. By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true, and I understand that any false information or significant omissions may disqualify me from further consideration for employment. I agree to notify Nelson County Health System immediately if I should be convicted of a felony or any crime involving dishonesty, abuse, harassment, or a breach of trust while my application is pending or during my period of employment, if hired.

Your initials: _____

I authorize the investigation of all statements contained in this application. I also authorize Nelson County Health System to contact my present and past employers and listed references. I authorize any person, school and organizations named in this application form to provide Nelson County Health System with relevant information and opinions that may be useful to the facility in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

Your initials: _____

I understand that in compliance with federal law, investigative background inquiries are to be made regarding me and that Nelson County Health System may be requesting information from various federal, state, and other agencies. Inquiries will pertain to records concerning my past activities and may include criminal, driving, credit and civil areas as well as claims in insurance company files that may involve me, and workers compensation claims. I have also been provided a copy of my rights under the Fair Credit and Reporting Act. **I therefore authorize, without reservation, any party or agency contacted by Nelson County Health System or any business contracted by Nelson County Health System to complete our pre-employment criminal background checks, to furnish the aforementioned information, noting that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigation. I also hereby consent to the obtaining of the information by Nelson County Health System.**

Your initials: _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree, if I am hired, my employment is for no definite period of time, and I may, regardless of the date of payment on my wages or salary, be terminated at any time; or, I am free, to end my employee/employer relationship with Nelson County Health System, as outlined in the personnel policies, at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Your initials: _____

Your signature

Date

Legibly print your entire name here

Reviewed with the applicant by _____
NCHS employee Date

NELSON COUNTY HEALTH SYSTEM
APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap.

PERSONAL INFORMATION

Date _____

Name: _____
Last First Middle initial

Address: _____
Street/Box # City State Zip

Area Code & Phone #: _____ Area Code & Cell Phone #: _____

Social Security #: _____ Email address: _____

Professional License #: _____ Type of License: _____

GENERAL INFORMATION: (Circle your response)

Are you 16 years of age or older? YES NO

Have you ever been convicted, reprimanded, or disciplined for mistreatment, neglect or abuse of residents/patients or misappropriation of their property? YES NO

Have you ever had a finding by an agency or institution against you for child abuse or neglect? YES NO

If hired, can you furnish proof that you are eligible to work in the United States? YES NO

Are you aware of the job related functions for the job for which you are applying? YES NO
(Note accompanying job description)

Have you ever worked as a **certified** nurses aide? YES what state(s)? _____ NO
IF yes, list facility name, address, city, state, zip here:

Have you ever worked as an uncertified nurses aide? YES what state(s)? _____ NO
If yes, list facility name, address, city, state, zip here:

EMPLOYMENT DESIRED: Position applying for _____

Shift you can work: (Circle your responses) DAY Evening Nights ANY

Date you can start employment: _____ (month, day, year)

Have you ever applied at Nelson County Health System before? NO YES

When? _____ For what position? _____

Have you ever worked at Nelson County Health System before? NO YES

When? _____ What position? _____ Supervisors name: _____

Reason for leaving:

NELSON COUNTY HEALTH SYSTEM APPLICATION FOR EMPLOYMENT

EDUCATION: If the job for which you are applying has educational or training requirements, please complete the following according to requirements on the job description:

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 MA/MS PHD Other:
Grade School High School College Graduate School

Name of last school attended _____

Diploma obtained: _____ Year completed: _____

Vocational or trade training: _____ Year completed: _____

REFERENCES: List 3 persons not related to you:

Name	Address/state/zip	Phone #	Years known
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1. _____

Capacity in which this person has known you: _____

2. _____

Capacity in which this person has known you: _____

3. _____

Capacity in which this person has known you: _____

FORMER EMPLOYERS: List below your work experience, starting with your present or latest employment:

1). Date employed _____ to _____ Employers /Business Name: _____

Employers Address/City/State/Zip: _____

Telephone #: _____ Position(s) held: _____

Supervisor's name: _____ Reason for leaving: _____

2). Date employed _____ to _____ Employers/Business Name: _____

Employers Address/City/State/Zip: _____

Telephone # : _____ Position(s) held: _____

Supervisors name: _____ Reason for leaving: _____

3). Date employed _____ to _____ Employers/Business Name: _____

Employers address/City/State/Zip: _____

Telephone # : _____ Position(s) held: _____

Supervisor's name: _____ Reason for leaving: _____

May we contact your present employer? YES NO

NELSON COUNTY HEALTH SYSTEM
PERSONNEL OFFICE
200 N. MAIN ST – BOX 367
McVILLE, ND 58254

CONFIDENTIAL INFORMATION

To: _____ Attention: _____

Address: _____

Is an applicant for a position as _____. He/She has given us permission to contact you for a reference. Although the position they have applied for at Nelson County Health System may be different than the job they had at your business, we would appreciate your evaluation of this person's job performance based on their work while employed at your organization. Thank you for your assistance and consideration.

Date: _____
_____ NCHS Department Manager Department

Employed from _____ to _____ Dept: _____

Salary: Start: _____ Title: _____ Leaving: _____ Title: _____

Reason for leaving: _____

Would you rehire? YES NO If no, why not? _____

Please rate applicant on the following characteristics:

	POOR	FAIR	GOOD	EXCELLENT
QUALITY OF WORK				
QUANTITY OF WORK				
APPEARANCE				
DEPENDABILITY				
PERCEPTION OF COWORKERS				
TEAM EFFECTIVENESS				

Is there any other information that may help us evaluate this applicant? _____

Date completed Your signature Title

I hereby authorize my former employers, school officials and other persons with who I have been professionally associated to give Nelson County Health System any information regarding my employment record, together with any information they may have regarding whether or not such information is on their records. I hereby release said companies and individuals from any liability for any damage whatsoever resulting from the giving of such information.

Signature: _____ Date: _____

PLEASE RETURN IN THE ENCLOSED ENVELOPE – THANK YOU!
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Nelson County Health System (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Eide Bailly LLP, 4310 17th Avenue S, Fargo, ND 58108, 866-999-8362, www.eidebailly.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____ Date: _____

Please check this box if you would like to receive a free copy of the consumer report if one is obtained by the Company.

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Nelson County Health System (“The Company”) may request an investigative consumer report about you from a third party consumer reporting agency¹, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Signature: _____ Date: _____

¹ Applicants/employees in California: Nelson County Health System will notify you if a consumer reporting agency other than Eide Bailly LLP, 4310 17th Avenue S, Fargo, ND 58108, 866-999-8362, www.eidebailly.com is used to obtain an

investigative consumer report. A subsequent notice will be sent for future consumer reports requested. By signing this form, you acknowledge receipt of the Notice Per California Law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Eide Bailly LLP, 4310 17th Avenue S, Fargo, ND 58108, 866-999-8362, www.eidebailly.com and/or Employer. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law
<u>Washington State applicants only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
<u>Minnesota and Oklahoma applicants only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>

Signature: _____ Date: _____

CONSUMER INFORMATION

Name: _____
Last First Middle

Other Names/Alias: _____
Last First Middle

Present Address: _____
Street City State ZIP

Years lived at present address _____ Telephone Number _____

Previous Address: _____
Street City State ZIP

Years lived at present address _____ Telephone Number _____

Social Security #*: _____ - _____ - _____ **Date of Birth*:** _____ / _____ / _____

Driver's License #: _____ **State of Driver's License** _____

Email Address: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
I.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357