

CRIMINAL CONVICTION

POLICY:

Aneta Parkview Health Center will take precaution when hiring to assure that prospective employee qualifications are acceptable with the job.

PROCEDURE:

1. All employees that will be caring for residents will be screened for criminal convictions involving violence, sex and/or theft.
2. Upon application, the applicant will need to sign a permission form enabling Aneta Parkview Health Center to check on criminal convictions. This consent will include the full name, alias name, date of birth and prior living location. This check will reveal convictions less than five (5) years old.
3. If the applicant is not truthful on their application about having a criminal conviction or if the check comes back with an unclear record that could endanger our residents, the employee's employment could be terminated at that time.

INVESTIGATION/PERMISSION FORM

Have you had a criminal conviction within the past five (5) years? _____

If yes, explain

Have you lived in another state in the past five (5) years? ☐ YES ☐ NO

If yes, please list what state(s) _____

List all of the states that you have held a CNA license _____

Social Security Number _____ Sex: ☐ Female ☐ Male

I hereby give consent to Aneta Parkview Health Center to investigate my past criminal convictions. I authorize background checks as necessary to disclose information that could relate to criminal charges of abusing, neglecting or mistreating individuals to Aneta Parkview Health Center for the purpose of employment.

The expiration of this authorization shall be one year from date of signature.

Employee's Signature

Date Signed

PRINT FULL NAME: _____

ALIAS NAME (MAIDEN OR AKA NAMES): _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Former Addresses

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____