

Application for Employment

Applicant information • Original section order retained

PERSONAL INFORMATION

First name

Last name

Middle name

Preferred name

Phone number

Email address

Permanent street address

Apartment / unit

City

State / ZIP code

Other phone number

Name of person who can reach you

EMPLOYMENT DESIRED

First-choice position

Second-choice position

Desired salary

Date available

☐ Full time

☐ Part time

☐ Temporary

Education & Qualifications

Spanish Cove Retirement Village | Non-Nursing Employment Application

EDUCATION / TRAINING

High school

School / institution name

School address

Courses taken

Diploma / degree / certificate

☐ Graduated

☐ Did not graduate

College

School / institution name

School address

Courses taken

Diploma / degree / certificate

☐ Graduated

☐ Did not graduate

Lab or X-ray training

School / institution name

School address

Courses taken

Diploma / degree / certificate

☐ Graduated

☐ Did not graduate

Additional Qualifications

Spanish Cove Retirement Village | Non-Nursing Employment Application

EDUCATION / TRAINING (CONTINUED)

Licenses & Military Record

Spanish Cove Retirement Village | Non-Nursing Employment Application

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

License / certification 1 - type

Issuing organization / state

Date issued

License / certificate number

License / certification 2 - type

Issuing organization / state

Date issued

License / certificate number

MILITARY RECORD

Military branch

Entry rank

Separation rank

Separation date(s)

Employment History

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PREVIOUS EMPLOYMENT

EMPLOYER 1

Company name	Phone number

Street address / city / state / ZIP	Dates employed (from - to)

Position title	Immediate supervisor and title

Starting salary	Ending salary

Employment History (continued)

Spanish Cove Retirement Village | Non-Nursing Employment Application

EMPLOYER 2

Company name	Phone number
Street address / city / state / ZIP	Dates employed (from - to)
Position title	Immediate supervisor and title
Starting salary	Ending salary

Employment History & References

Spanish Cove Retirement Village | Non-Nursing Employment Application

EMPLOYMENT HISTORY (CONTINUED)

EMPLOYER 3

Company name

Phone number

Street address / city / state / ZIP

Dates employed (from - to)

Position title

Immediate supervisor and title

Starting salary

Ending salary

☐ May contact for reference

☐ Do not contact

References & Availability

Spanish Cove Retirement Village | Non-Nursing Employment Application

REFERENCES • NOT RELATIVES OR FORMER EMPLOYERS

Reference 1 - name and relationship	Title

Company name / address	Telephone

Reference 2 - name and relationship	Title

Company name / address	Telephone

Reference 3 - name and relationship	Title

Company name / address	Telephone

Availability Preferences

Spanish Cove Retirement Village | Non-Nursing Employment Application

AVAILABILITY INFORMATION

Primary position desired

Other position you would accept

- ☐ Weekends - Yes
- ☐ Weekends - No
- ☐ Holidays - Yes
- ☐ Holidays - No
- ☐ Rotating shifts - Yes
- ☐ Rotating shifts - No
- ☐ On call - Yes
- ☐ On call - No

Weekly Schedule & Consent

Spanish Cove Retirement Village | Non-Nursing Employment Application

DAYS AND HOURS AVAILABLE FOR WORK

Sunday	From 	To
Monday	From 	To
Tuesday	From 	To
Wednesday	From 	To
Thursday	From 	To
Friday	From 	To
Saturday	From 	To

EMPLOYMENT TERMS AND ACKNOWLEDGMENT

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator.

If my availability status changes, it is my responsibility to notify the department head or administrator.

Applicant typed signature

Date

Applicant Statements

Spanish Cove Retirement Village | Non-Nursing Employment Application

EMPLOYMENT APPLICATION STATEMENTS

Applicant typed signature

Date

Applicant Self-Evaluation

Spanish Cove Retirement Village | Non-Nursing Employment Application

VERIFICATION OF EMPLOYMENT / SELF EVALUATION

Applicant name	Position applied for
Previous employer	Dates of employment

Quality of work	☐ Above avg	☐ Avg	☐ Below avg
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Quantity of work	☐ Above avg	☐ Avg	☐ Below avg
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Teamwork / cooperation	☐ Above avg	☐ Avg	☐ Below avg
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Attendance	☐ Above avg	☐ Avg	☐ Below avg
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Safety habits	☐ Above avg	☐ Avg	☐ Below avg
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☐ Proper notice - Yes	☐ Proper notice - No
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☐ Would rehire - Yes	☐ Would rehire - No
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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. Licensure Boards define the crimes that apply 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, sodomy, or any crime that resulted in the person being registered on a sex offender registry at any time,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. human trafficking,
- h. aggravated assault and battery,
- i. assault and battery with a dangerous weapon, or
- j. 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 five (5) years has passed since you completed the terms of your sentence, including any period of deferment:²

- 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 five (5) 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 are allowed to meet 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 [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.* It is recommended a copy of the identification be maintained with the applicant's written consent.

EMPLOYER MUST RETAIN THIS SIGNED APPLICANT CONSENT.

Instructions to Applicant: [63 O.S. 1-1945 *et. seq.*] Evidence of an applicant's 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 is required. **If you have an active employment history in OK-SCREEN, new fingerprints may not be needed. New registry checks must be done.** With your consent, the employer will submit your information through the OK-SCREEN web portal for checks against state and national registries. If you are cleared, and the employer wishes to continue, you will get an email or telephone notice to schedule an appointment for fingerprinting, if required. You will be responsible for a Ten Dollar (\$10) 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 or you will be required to start 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 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 results reveal information that prevents the Department from making a final determination, I will be given notice and will have sixty (60) days to make corrections or additions. If I am unable to make corrections or additions within the sixty (60) days, the Department will either deny me eligibility based on the disqualifying results or advise me they cannot make a determination and 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. [63 O.S. § 1-1947(K)]

I understand that as a condition of 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 understand an arraignment may also be cause for employment restrictions or termination. [63 O.S. § 1-1947(Q)]

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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. When there is a match, the OSBI will notify the Department and the Department will notify the employee. This information 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. I will promptly respond to Department inquiries regarding the status of an arraignment or indictment.

Your employer must *submit your name, any aliases, address, former states in which you 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. The names used 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: _____

Social Security Number: _____ Home ☐ Mobile ☐
I am applying for a volunteer position: ☐
Select Volunteer Employee Type in OK-SCREEN

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. I received an Attachment to this form: "How to Request My Criminal History Report and Complete, or Challenge the Information."

Applicant's Signature (In person with verified photo ID) _____ Date _____

How to Request My Criminal History Report and Complete, or Challenge the Information

**To request your report, after you have fingerprinted email okscreen@health.ok.gov
or call 1-855-584-3550**

Updating Criminal Records – OKLAHOMA

Updating your criminal records must be accomplished through the Oklahoma State Bureau of Investigation (OSBI) or in combination with the State in which the arrest or conviction occurred and the Federal Bureau of Investigation. The Oklahoma National Background Check Program (ONBCP) at the Oklahoma State Department of Health cannot change your criminal records.

CHANGE IN LAW REMOVES FEES FOR UPDATING RECORD: Effective November 1, 2015, all filing fees and court costs paid by a petitioner to file an expungement request will be returned if the person qualifies for an expungement. The OSBI fee will be waived if the subject of the criminal history record has been granted an expungement under the provisions listed in Title 22 of the Oklahoma Statutes

The following ***Certified*** documents are **required** to update a criminal record with a final disposition. Without these documents the OSBI **cannot** update your record.

- If charges were filed (you went to court or were represented in court by an attorney)

A ***Certified*** copy of the final disposition should be obtained from the Court Clerk's Office in the county of arrest. If charges were handled in city court, contact the municipal court in the city of arrest.

- If you received a deferred sentence and upon successful completion –

A ***Certified*** copy of the deferred dismissal should be obtained from the Court Clerk's Office in the county* of arrest. If the case is no longer on file at the Court Clerk's Office, contact the District Attorney's Office for a certified copy. *Oklahoma County & Tulsa County District Attorney's Offices will assist only subject(s) who have received a deferred sentence.*

*If charges were handled in city court, contact the municipal court in the city of arrest.

Note: State law does not allow for the complete removal of an arrest that results in a deferred sentence. The arrest will always be a part of the criminal record and the disposition will be updated to read **Pled Not Guilty, Case Dismissed**, resulting in no conviction for that arrest.

- If charges were not filed (you did not go to court nor did an attorney appear in court on your behalf) you **must** obtain 3 certified documents, exception Oklahoma County and Tulsa County you will only have 2 certified documents. The necessary documents are explained below:

A ***Certified*** letter must be obtained stating there is no record of the arrest in the files of the County and/or City Court Clerk. The letter must be signed and certified by the County and/or City Court Clerk, ***and***

A ***Certified*** letter must be obtained from the District Attorney's Office in the county of the arrest. This letter must be written on District Attorney office letterhead and signed by the District Attorney or Assistant District Attorney stating there is no record of the arrest in the files of the District Attorney.

In addition, when no record exists at the Court Clerk's Office or the District Attorney's Office, a certified copy of the arrest/incident report relating to that arrest must be obtained from the arresting agency.

You may call the automated-attendant line (405) 879-2690 for additional information.

Web: <https://osbi.ok.gov/criminal-history/update-criminal-history>

Email: RAP-Sheet-Question@osbi.ok.gov

Challenge of a Criminal History Summary – FBI’s Criminal Justice Information Services (CJIS) Division

The FBI’s Criminal Justice Information Services (CJIS) Division serves as the nation’s central repository and custodian for fingerprints and related Criminal History Summary information. As custodian of such information, the CJIS Division does not have the authority to modify any Criminal History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Criminal History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI.

Missing or Incorrect State (Non-Federal) Information

Most states, through agreement with the FBI, require that modification requests for Criminal History Summary information be processed through their respective state central repository (State Identification Bureau) before any update can be applied by the FBI to its record. You may contact the respective state repository(ies) for assistance, and, if applicable, request that they provide the FBI with updates to your Criminal History Summary. Contact information for each state is provided here: <https://www.fbi.gov/services/cjis/identity-history-summary-checks/state-identification-bureau-listing>

Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot modify its records. Instead, the FBI accesses the state’s system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided here: <https://www.fbi.gov/services/cjis/identity-history-summary-checks/state-maintained-records-listing>.

Missing or Incorrect Federal Information

For federal Criminal History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with jurisdiction over the arrest data, or from another agency with jurisdiction over the arrest data.

Option 2: Electronically submit your challenge request directly to the FBI

Step 1: Go to <https://www.edo.cjis.gov>

Step 2: Follow the steps under the “Challenging Your Identity History Summary” section.

If you submitted a challenge request electronically directly to the FBI, you will receive a response electronically and an option to receive a response by First-Class Mail via the U.S. Postal Service.

Option 3: Send a written challenge request to the FBI’s CJIS Division.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

**Attention: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, WV 2630**

Web: <https://www.edo.cjis.gov>

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 _____