

APPLICATION FOR EMPLOYMENT

Date of Application: _____ Phone: _____

DOB: _____

Name: _____ Social Security #: _____

Address: _____
City State Zip Code

How long have you lived at the above address? _____

Driver's License Number: _____

Email address ***MANDATORY***: _____

Are you over 21 years of age: YES NO

Emergency Contact: _____ Phone: _____

What type of position are you interested in? Full time Part time On-call

Total hours available per week _____ M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____

Date available for employment: _____

What transportation will you use to get to work? _____

Have you worked for GFCRH previously? Yes No

Do you have any physical or health limitations that would prevent you from performing the job?

Yes No If yes, please describe what those limitations are: _____

WORK HISTORY:

Name of Present Employer: _____ Telephone #: _____

Address: _____
City State Zip Code

Dates of Employment: From _____ To _____ Hourly Pay: Start _____ End _____

Full-time: Part-time Supervisors Name: _____

Duties: _____

Reason for Leaving: _____

Previous Employer: _____ Telephone#: _____

Address: _____
City State Zip Code

Dates of Employment: From _____ To _____ Hourly Pay: Start _____ End _____

Full-time: Part-time Supervisors Name: _____

Duties: _____

Reason for Leaving: _____

REFERENCES: List 3 references not related to you:

Name	Telephone	How Acquainted	Years Known
1. _____			
2. _____			
3. _____			

Have you ever been convicted by a court of competent jurisdiction of a felony or misdemeanor involving but not limited to homicide, sexual intercourse without consent, sexual assault, aggravated assault, assault on a minor, assault on an officer, assault with a weapon, kidnapping, aggravated kidnapping, prostitution, robbery, or burglary? Yes No If yes, please explain: _____

Do you have a substantiation for child abuse and/or neglect? Yes No

Highest grade completed: High School (GED/HISET) Trade School College

How did you hear about our job opening(s): _____

NOTE

GFCRH employs persons over the age of 21, with a minimum of a high school diploma (or equivalent) who have a clean DPHHS and criminal background check and a clean DMV record. Montana ARM 37.97.140(4) clearly states that prospective employees with a criminal record i.e. convicted by a court of competent jurisdiction of a felony or misdemeanor involving but not limited to homicide, sexual intercourse without consent, sexual assault, aggravated assault, assault on a minor, assault on an officer, assault with a weapon, kidnapping, aggravated kidnapping, prostitution, robbery, or burglary – as well as substantiation(s) of child abuse or neglect are precluded from working at a Youth Care Facility. As such, we are required to conduct a DPHHS/CFSD background check as well as a criminal background check. Starting October 1, 2019, a fingerprint background check will be required.

I certify to the best of my knowledge and belief, the statements made by me in the application are correct and complete without omission of any kind whatsoever. I understand that any false information when applying for employment, whether in this application or otherwise, may be cause for discharge at any time during employment. You are hereby authorizing investigations into all the statements made in this application.

I further understand that if I am hired, I will not have an employment contract and that my employment and compensation can be terminated, with or without notice or cause, by the company or myself.

Signature

Date



DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

- RELEASE OF INFORMATION -
For Adult and Youth Care Facility Providers
Criminal / Protective Service / Motor Vehicle
Background Checks

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
 (First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
 (Street) (City) (State) (Zip)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to any of the above questions:
 > Please state where you have lived within the past five (5) years below.
 > You will need to obtain an out of state background check or a tribal background check at your cost or providers cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Employment Status

The facility that I am applying / living at is:

Director Name / Facility Name: _____

Facility Mailing Address: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Section D – Authorization Statement and Signature

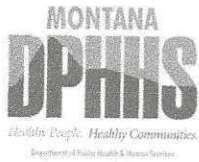
I, _____ (applicant name), am aware that _____ (provider or its authorized representative and DPHHS/QAD/CRLP), has requested confidential information from the Montana Department of Public Health and Human Services and Department of Justice, in accordance with 37-97 Subchapter 1 as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.97.132 and ARM 37.97.140. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member/facility staff, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to _____ (provider or its authorized representative), and I **hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

Signed: _____ Date: _____



STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Quality Assurance Division
Community Residential Licensing Program

Personal Statement of Health for Licensure for Youth Care Facilities

Name: _____ Phone #: _____

Facility Name: _____

Address: _____ CITY: _____ STATE: MT ZIP CODE: _____

SSN: _____ Date of Birth: _____

Pursuant to ARM 37.97.132(5) A personal statement of health for licensure form provided by the department must be completed for each person subject to the requirements of this rule. The form must be submitted to the department with the initial application for licensure and annually thereafter.

The Licensing Surveyor completing the facility assessment and/or the Community Residential Licensing Program Manager who issues the license will review this form. In some cases, the answer "yes", to a question may require an evaluation or a statement from your physician or other appropriate professional to support your responses. The purpose of the questions is to help determine if you have health issues that may affect your ability to safely provide care.

Please answer the following questions by entering an "X" in the appropriate box for each question.

1. YES NO Do you have any physical or mental health problems which might affect your ability to provide care? (If yes, please explain in Section 5 on reverse side)
2. YES NO Have you been convicted of a crime involving child or elder abuse or neglect, including sexual abuse, physical assault, or other acts of violence? (If yes, please explain in Section 5 on reverse side)
3. YES NO Have you ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)? (If yes, please explain in Section 5 on reverse side)
4. YES NO Are you currently diagnosed or receiving therapy or medication for a mental health problem which might affect your ability to provide care? (If yes, please explain in Section 5 on reverse side)
5. YES NO Have you received counseling or treatment related to chemical dependency on drugs or alcohol within the past three years? (If yes, please explain in Section 5 on reverse side)

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE

The department may request additional supportive documentation from your medical practitioner, psychologist or counselor. If determined to be necessary, the Licensing Surveyor can discuss with you the type of additional information needed. If an evaluation or statement is needed, the surveyor can assist you in completing the authorization form for your physician or other appropriate professional. **Any evaluations, tests, or visits to your physician or other professional(s) must be paid by you.**

Please use the space below to explain any "yes" answers marked in questions 1 through 5. Include additional pages if necessary.

PLEASE READ, THEN SIGN AND DATE

I certify that I have reviewed the foregoing information supplied by me and that it is true, accurate and complete to the best of my knowledge. I further certify that I fully understand that any misstatement on my part in completing this health statement is grounds for and adverse license action in accordance with ARM 37.97.115. I understand this information is confidential and to be used by the Department of Public Health and Human Service for the administration of the licensure program. I hereby consent to the use of this information for such purposes.

Signature: _____ Date: _____

Please Return To:

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ by DPHHS/QAD/CRLP that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name	Date
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¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

NCPA/VCA Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) _____ for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____

First

Middle

Maiden

Last

Date of Birth: _____

Address: _____

City

State

Zip

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to DPHHS/QAD/CRPL.

Signature of Applicant

Date