

Absence Policy for the NAR Classes

Princeton Rehab and Care Center

- 1. All hours scheduled for the NAR Classes are mandatory which means students must attend all scheduled hours. There is no scheduled make up time in the event a student is unable to attend the class period. If a student is absent due to illness or emergency continued participation in the class will be at the discretion of the Instructor.**

- 2. A no call / no show by a student will be grounds for immediate termination from class.**

- 3. Tardiness will not be tolerated. Tardiness may lead to termination from class.**

- 4. No refund for payments / monies will be refunded for termination from class due to absence and / or tardiness or if a student drops from the class. If a job offer is not accepted or declined by the student - It is the responsibility of the student to pay for the entire cost of the Nursing Assistant Class.**

- 5. Retake of any tests will be allowed only 2 times and students must receive a 80% on all tests.**

- 6. Have fun in the classes and be ready to learn.**

- 7. No cell phones, I-pods MP3 players are not allowed in class.**

I have read the above statements and agree to adhere to the absence policy.

Signature _____ **Date** _____

EMPLOYEE AUTHORIZATION TO OBTAIN INFORMATION

PLEASE READ CAREFULLY - ASK FOR AN EXPLANATION OF ANY PART YOU MAY NOT UNDERSTAND

I represent that the information, if any, that I have provided to Elim Care, Inc., or an affiliated organization ("Elim") about me is accurate and complete. I authorize Elim or agents acting on its behalf to confirm this information and also to secure all other information that Elim believes might be relevant, including information about my education, experience, competence, character, general reputation, mode of living, or criminal history from all available sources, including but not limited to my employers, references, credit bureaus, academic institutions, governmental agencies, and personal interviews. This authorization shall remain in effect throughout my employment.

Without limiting the foregoing, I authorize all employers and former employers to provide information that includes but is not limited to the following: verification of my application details; information requested on any attachment(s); information on dates of employment; compensation and wage history; job description and duties; training and education provided by employers or former employers; acts of violence, theft, harassment, or illegal conduct documented in my personnel record that resulted in disciplinary action or resignation, and my written response, if any, contained in my personnel record; written employee evaluations conducted before my separation from employment, and my written response, if any, contained in my personnel record; written disciplinary warnings and actions in the five years before this authorization, and my written response, if any, contained in my personnel record; and written reasons for separation from employment.

Again without limiting any other part of this authorization, I authorize my representatives and advisors, including attorneys, to provide information about any criminal proceedings in which I was involved or currently am involved. This authorization is for all such information except for the following: privileged attorney-client communications; and the identities of potential witnesses who have not otherwise appeared or become involved in the proceeding(s).

I release all such sources and providers of information from all claims or damages arising from or related to the furnishing of information about me that reasonably appears to them to be true. I release Elim Care, Inc., and all affiliated organizations, persons, agents, and employees, from all claims I might otherwise assert arising from or related to the receipt or use of information about me.

I understand that a report may be prepared by or obtained from a consumer reporting agency.

If I have checked this box: I would like to receive a copy of all consumer reports that result from this authorization.

The report(s) should include a statement of my right to dispute and correct any errors. I may also make a written request to the consumer reporting agency for disclosure of the nature and scope of the report(s). I understand that I also have rights under the Fair Credit Reporting Act, notice of which has been provided to me with this authorization form.

I understand that, if I seek a promotion or transfer or any other change in assignment, or at any other time for any reason permitted by law, I may be given a conditional offer of new terms and conditions of employment that is dependent on the results of a drug and alcohol test; further criminal background check; further "consumer report" as defined in the Fair Credit Reporting Act; a Mantoux or other tuberculin sensitivity test; or tests to determine physical capacity or other ability to perform the job safely and competently. If employed, my employment will be "at will." Elim and I have not agreed on any period of employment, wage, or benefits, unless otherwise set forth in a separate agreement. Additionally, I understand that my eligibility for initial or continued employment may be determined by several factors, including but not limited to the determinations or guidance provided from time to time by licensing or regulatory agencies.

Sign only after reading and completing all pages.

Signature: _____ Date: _____

PRINTED NAME: _____

Email Address (optional): _____

Please provide if you would like to receive a copy of your report via email - please check box where indicated in above paragraph

IDENTIFYING INFORMATION

- PLEASE PRINT CLEARLY -

All names by which you have been known, including CURRENT name:

FIRST	MIDDLE	LAST	DATES USED
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year

All addresses within past FIVE years, including CURRENT address:

STREET ADDRESS	CITY/ZIP	STATE	DATES RESIDED
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year
			___/___ TO ___/___ Month Year Month Year

Licensures:

DRIVER'S LICENSE NUMBER/STATE ISSUED PHOTO ID	STATE ISSUED BY	EXPIRATION DATE
		___/___ Month Year
OTHER LICENSES - If Applicable, Provide Type and Number		EXPIRATION DATE
		___/___ Month Year
		___/___ Month Year

Other Required Information:

SOCIAL SECURITY NUMBER	DATE OF BIRTH

IMPORTANT NOTICES

A. Fair Credit Reporting Act Disclosure Statement

When considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, Elim Care, Inc., or an affiliated organization ("Elim") may wish to obtain and use a "consumer report" or an "investigative consumer report." Those terms are defined in the federal Fair Credit Reporting Act ("F.C.R.A."). As an applicant for employment or as an employee of Elim, you are considered to be a "consumer" with rights under the F.C.R.A.

A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing "consumer reports" to others, such as Elim. A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. For Elim's purposes, a consumer report will consist of a criminal background check, employment verification, reference checking, a background study performed by or for the Minnesota Department of Human Services, and may consist of educational verification and civil litigation records check.

If Elim obtains a "consumer report" about you, and if Elim considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with additional information as required by law. You may also contact the federal Consumer Financial Protection Bureau about your rights under the F.C.R.A. as a consumer with regard to consumer reports and consumer reporting agencies.

B. Minnesota Department of Human Services Background Study Notice

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes.

The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.

Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

If CURRENT background study results in a disqualification that is set aside upon reconsideration: If you are disqualified as a result of your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agencies may result in the disqualification being set aside for other programs/agencies when the following criteria are met: While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2; the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside; the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§ 245C.22, Subd. 5)

If a PREVIOUS background study resulted in disqualification that was set aside: If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met: While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2; the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside; the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§ 245C.22, Subd. 5)



elim care
*providing senior housing and healthcare
 in the spirit of Christ's love.*

Application for Employment

Full Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Are you under 18 years of age? _____ If so, give your date of birth: _____

Applicants between the ages of 16 and 18 will need to obtain parental permission for mandatory Mantoux testing and emergency medical treatment.

Can you legally work in the U.S.? Yes No

NOTE: We hire only United States citizens and aliens lawfully authorized to work here. Proof that you have legal employment status will be required if you are hired.

Please indicate your first choice of the type of work you desire by placing the number 1 on the appropriate blank. Place the number 2 on the blank of your second choice and so forth.

- | | | | |
|------------------------|--------------------|-----------------------|-------------------|
| _____ Registered Nurse | _____ Housekeeping | _____ Dietary | _____ LPN |
| _____ Nurse Assistant | _____ Office | _____ Laundry | _____ Maintenance |
| _____ TMA/CMA | _____ Activities | _____ Other (Specify) | _____ |

If applicant is a Registered Nurse or Licensed Practical Nurse, please complete the following:

License #: _____ Exp. Date: _____ State: _____

If applicant is a Certified Nursing Assistant or TMA, please complete the following:

Certificate #: _____ Date of Certification: _____ State: _____

What date could you begin work? _____

Are you seeking? Full Time Part Time On Call #Hours/Week: _____

Temporary – number of months available: _____

Shift or hours you can work: Days Evenings Nights Weekends

Education

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	If no, have you obtained a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No List Diploma/Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diploma Program, Commercial or Technical Courses			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		Major:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Minor:			
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Pertinent Education/Certification				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

List complete employment history: 1) begin with current or most recent position; 2) include military experience which may relate to position for which you are applying; 3) include all positions, regardless of their relation to the position for which you are applying; 4) include *dates* of employment for past five (5) years only.

If work or educational experience was obtained under another name, please indicate:

Employment Dates From: Mo ___ Yr ___ To: Mo ___ Yr ___	Employer (Company Name):	Telephone Number: ()
Full Name of Supervisor:	Street Address:	
Title of Position You Held:	City:	State: Zip Code:
Summarize Your Job Duties:	<input type="checkbox"/> Full Time	Salary
	<input type="checkbox"/> Part Time	Per hour
	<input type="checkbox"/> On Call	Beg:
	<input type="checkbox"/> Temp.	End:
Reason for Leaving:		

Employment Dates From: Mo ___ Yr ___ To: Mo ___ Yr ___	Employer (Company Name):	Telephone Number: ()
Full Name of Supervisor:	Street Address:	
Title of Position You Held:	City:	State: Zip Code:
Summarize Your Job Duties:	<input type="checkbox"/> Full Time	Salary
	<input type="checkbox"/> Part Time	Per hour
	<input type="checkbox"/> On Call	Beg:
	<input type="checkbox"/> Temp.	End:
Reason for Leaving:		

Employment Dates From: Mo ___ Yr ___ To: Mo ___ Yr ___	Employer (Company Name):	Telephone Number: ()
Full Name of Supervisor:	Street Address:	
Title of Position You Held:	City:	State: Zip Code:
Summarize Your Job Duties:	<input type="checkbox"/> Full Time	Salary:
	<input type="checkbox"/> Part Time	Per hour:
	<input type="checkbox"/> On Call	Beg:
	<input type="checkbox"/> Temp.	End:
Reason for Leaving:		

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company:

Have you previously applied to us for work? Yes No

If yes, when and for what position? _____

Have you previously been employed by an Elim-owned facility? Yes No

If yes, when, where, and what was the reason for your leaving? _____

Professional References

List name and telephone number of three professional references who are *not* related to you:

NAME	TITLE/RELATIONSHIP	TELEPHONE	YEARS KNOWN
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General Information

Have you been excluded from working at a company that participates in the Medicare, Medicaid, or other federal health care programs; or have you been placed on the Office of Inspector General's List of Excluded Individuals?

Yes No

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.):

List any additional information you would like us to consider:

Where did you hear about the position for which you are applying? Newspaper (name: _____)

Friend/Relative School Placement Office (school: _____) Other: _____

Please list a contact in case of emergency:

Name: _____ Phone Number: _____

Applicant's Statement and Agreement

Read carefully before signing this Application for Employment.

I understand that receipt of this application does not imply I will be employed nor does it indicate there are positions available.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbooks I might receive, is intended to create an employment contract between Elim Care or any of its subsidiary corporations and myself. I understand that if I am hired, my employment will be at will: Elim Care or any of its subsidiary corporations has the right to terminate my employment for any reason at any time, and I retain a similar right regarding the termination of my employment.

I give the Elim Care the right to investigate all references and to secure additional information about me. I hereby release from liability the Elim Care and its representatives for seeking, using, or disclosing such information and all other persons, corporations or organizations for furnishing such information. I understand and agree that any offer of employment is conditional upon acceptable reference checks, criminal background check, and successful completion of the orientation period as determined solely by Elim Care.

Elim Care is committed to providing a work environment that is free from the use, possession, sale, or transfer of alcohol and all legally regulated drugs except by prescription.

To ensure this, I understand that all applicants who have received a conditional offer of employment may be tested for legally regulated drugs, the presence of alcohol reflecting a blood alcohol content of 0.04% or greater, or the metabolites of regulated drugs or alcohol.

A pre-employment drug or alcohol test with positive results will disqualify me from employment at this or any other Elim facility for a period of no less than 12 months.

Elim's complete drug and alcohol testing policy is available for me to review at this facility's Business Office during regular business hours.

I certify the information included in this application is correct and understand that misrepresentation is just cause for rejection of this application or dismissal from employment.

Date: _____ Applicant Sign Here: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. All qualified applicants will receive consideration (as required by applicable federal and state law) without regard to race, creed, age, color, religion, sexual preference, sex, national origin, marital status, public assistance status, or disability.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Inquiry on Criminal Background: _____ Attendance Policy Reviewed: _____

Job Description & Essential Job Functions Reviewed: _____

Hired: Yes No Position: _____ Department: _____

Full Time or Part Time Avg. hours/week: _____ Shift: Day Evenings Nights

Starting Salary/Wage: _____ Date Reporting to Work: _____

Past Experience: _____ Wage/Benefits/Comments: _____

Comments: _____

Mantoux/Paperwork Date: _____

11.25.13

MN

Voluntary Applicant Survey Form

Last name

First name

Date

Location of facility

Position(s) for which you are applying

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is *completely voluntary*. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used *only* to monitor our compliance with equal opportunity laws and regulations and *for no other purpose*. *When we have received this form, we will immediately place it in a confidential file separate from our application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Sex — Select one Female Male

Race/Ethnicity — Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South/Central America, and who maintains tribal affiliation or community attachment.
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original people of Europe, the Middle East, or North Africa.

Check if any of the following are applicable:

- Disabled Individual Newly Separated Veteran Disabled Veteran
- Vietnam Era Veteran Other Protected Veteran (*Korean, Persian Gulf Operations, etc.*)

* This form *is not used for employment decisions*. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below :

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign-language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete