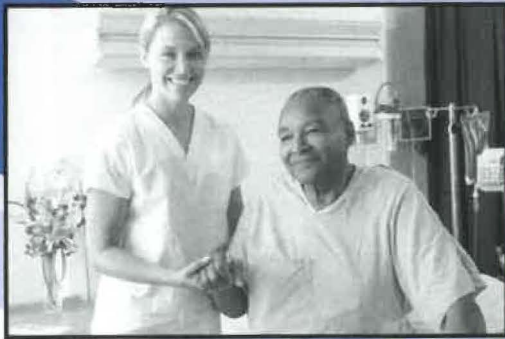


FOR REGULAR APPLICANTS ONLY - NOT CMA / CNA



APPLICATION FOR EMPLOYMENT

HOW TO SUBMIT YOUR APPLICATION:

First, DOWNLOAD this pdf to your computer. You can fill it out and save as you go! When you are ready, please email it to ydepaepe@spanishcove.com- THERE IS A **SUBMIT BUTTON at the end of the application that will send your application directly to our HR Director's email address. Thank you for your interest in Spanish Cove!**

PERSONAL INFORMATIONName _____
Last First MiddlePresent Address _____
Street City State Zip Code

Phone Number _____

Permanent Address _____
Street City State Zip Code

Phone Number _____

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? _____

Will You Accept Employment of: ☐ Full time ☐ Part time ☐ TemporaryDate Available _____ If Under 18 Yrs. of Age, Do You Have a Work Permit? ☐ Yes ☐ No**EDUCATION/TRAINING**

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Lab or X-Ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Other Classes/Training				

Extracurricular Activities While in School _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: _____

List Service Awards, Commendations: _____

EMPLOYMENT HISTORY									
List current (or most recent) employer first and all others in reverse chronological order.									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Company Name			Dates Employed		Month	Year	Month		Year
			From				To		
Address (Street, City, State, Zip Code)			Phone				Starting Salary	Ending Salary	
							\$	\$	
Position Title			Immediate Supervisor's Name and Title						
Job Description & Responsibilities:									
May we contact for reference?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									

Have you ever been convicted of a crime? ☐ Yes ☐ No If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name And Relationship	Title	Company Name & Address	Telephone

AVAILABILITY INFORMATION

Please Indicate Days and Hours You Are Available For Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired _____

Will you accept another position? ☐ Yes ☐ No

If so, what? _____

Are you available to work:

Weekends ☐ Yes ☐ No Holidays ☐ Yes ☐ No

Rotating Shifts ☐ Yes ☐ No On Call ☐ Yes ☐ No

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 change as directed by my department head or administrator of this institution.

Applicant's Signature _____ Date _____

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

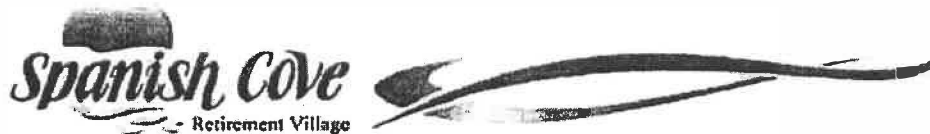
I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date



VERIFICATION OF EMPLOYMENT

Previous Employer: _____ Phone # _____

Name: _____ SS#: _____ has applied

For the position of _____ at Spanish Cove Retirement Village
and has provided the following information. Please verify whether you agree with the self-evaluation
by making a checkmark in the appropriate "Y" / "N" column, sign the bottom of form and return.

Position: _____ Date of Employment: _____

APPLICANT SELF EVALUATION

EMPLOYER AGREES

<u>EFFICIENCY RATING</u>	<u>ABOVE AVG</u>	<u>AVG</u>	<u>BELOW AVG</u>	<u>YES</u>	<u>NO</u>
Quality of Work	_____	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____	_____
Teamwork/Cooperation	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____

Did you give proper notice? YES or NO

If not, please explain: _____

In your opinion, would company rehire you? YES or NO

If not, please explain: _____

State Reason for leaving current position: _____

I, _____, have made the above rating and authorize all my past and/or present employers to verify
whether they agree with the statements of self-evaluation, and I hereby release them and Spanish Cove Retirement Village
from all liability for any damage whatsoever arising therefrom.

Applicant Signature

Date

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 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.

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 seven (7) years has passed since you completed the terms of your sentence, including any period of deferment²:

- 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 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 [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: _____

Home ☐ Mobile ☐

Social Security Number: _____ 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

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: <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/challenge-of-a-criminal-history-summary>

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