



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

Application for Employment

Name: _____ Date: _____

Position applying for: _____ Shift: 7-3 3-11 11-7

Full Time Part Time Per diem

Are you a past employee of Shaker Place, Albany County Nursing Home or Ann Lee Home:

Yes No

If yes, dates of previous employment: From _____ to _____

Reason for Leaving: _____

Have you previously applied here? Yes No If yes, approximate date: _____

License/Certification#: _____ Expiration Date: _____ Verified: _____

We are required to conduct a Criminal History Background Check – We are prohibited from hiring you if the CHRC reveals a conviction in any of the following offenses:

Any Class A felony defined in the Penal Law; any Class B Felony defined in the Penal Law occurring within the 10 years preceding the date of the CHRC report; Any Class D or E Felony listed in Articles 120 (Assault), 130 (Sexual Offence), 155 (Larceny), 160 (Robbery), 178 (Diversion of Prescription Medications) or 220 (Controlled Substance Offenses) of the Penal Law occurring within the 10 years preceding the date of the CHRC report; Any crime defined in Sections 260.32 or 260.34 of the Penal Law (i.e., endangering the welfare of a vulnerable elderly person) occurring within the 10 years preceding the date of the CHRC report and Any comparable offense in any other jurisdictions.

References will be obtained prior to offer of employment.

This is an application for employment – no employment contract is being offered.

Staffing needs may make the following conditions mandatory: change in shift and/or internal transfer.

Forwarded to: _____ Date: _____

_____ Date: _____

Interviewer: _____ Date of Interview _____ Hire Reject Declined

Process for Employment

Position: _____ Shift: _____ Hours: _____

Pre-employment physical date: _____ Start Date: _____

Albany County Orientation date: _____ Salary: _____



Applicant Authorization of Release of Information

As an applicant for employment, I authorize and request Shaker Place Rehabilitation and Nursing Center to contact any and all individuals, companies, corporations, educational institutions, public agencies and law enforcement agencies, concerning information regarding my employment record, skills, qualifications, education, character, habits and personal attributes.

I also authorize and request the individuals, companies, corporations, educational institutions, public agencies and law enforcement agencies, etc., so contacted to release all such information to Shaker Place Rehabilitation and Nursing Center

In consideration of your compliance to this request, I hereby release and discharge from all liability, claims and damages Shaker Place Rehabilitation and Nursing Center, its agents, officers and employees, as well as all individuals or organizations that have supplied information, written or otherwise, in response to this request.

I understand that all information supplied will remain strictly confidential and waive any right to examine any completed response.

Falsification or omission of information on this application may be grounds for denial of employment or, if hired, cause for dismissal.

I understand I must submit to and satisfactorily pass a physical examination as a condition of employment. Furthermore, subsequent physical examinations will be required annually.

I have read and understand the above paragraphs.

Signature

Printed Name

Witness Signature

_____/_____/_____
Date

WORK/SCHOOL References:

	<u>Written Request</u>		<u>Telephone Request</u>	
	<u>Sent</u>	<u>Received</u>	<u>Number</u>	<u>Date</u>
1. _____ _____ _____ Phone # _____	_____	_____	_____	_____
2. _____ _____ _____ Phone # _____	_____	_____	_____	_____
3. _____ _____ _____ Phone # _____	_____	_____	_____	_____



APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____ Title and Exam Number of Position applying for

This application is part of your examination. Answer all questions fully and carefully in ink or in typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. SOCIAL SECURITY NUMBER:

_____ - _____ - _____

5. Are you taking exams with NYS State or any other County, Town or City that are being held on the same date as the exam(s) you are applying for with Albany County?

Yes No

If yes, please attach the Cross-file Application and list all examinations. This can be found on our website.

2. FULL NAME AND ADDRESS

_____ Last Name First Name M.I.

_____ Mailing Address

_____ City State Zip Code

2a. RESIDENT STREET ADDRESS (if different from above):

2b. PHONE NUMBER (include area code):

_____ Home Other Specify (work, cell, etc.)

2c. E-MAIL:

6. Are you requesting special testing accommodation(s), such as:

- 1. For a disability? Yes No
- 2. An alternate test date? Yes No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

- A. Were you ever dismissed or discharged from any Employment for reasons other than lack of work or funds? Yes No
- B. Did you ever resign from any employment rather than face dismissal? Yes No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable", or which was issued under other than honorable circumstances? Yes No

If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

City or Village:
Town:
County:
State:
Name of School District:

4. CITIZENSHIP & AGE

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

Yes No

(Non-citizens may be required to produce Alien Registration Card at time of appointment)

Are you under 18? Yes No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

_____ Mo. Day Year

8. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

Yes No

If your answer is "yes" please go to item 9.

9. VETERAN'S CREDITS

Do you claim additional credits as an honorably discharged war veteran?

- Yes, as a Non-disabled war veteran
- Yes, as a Disabled war veteran
- No

If the answer is yes then see form ACS-21a (page 3)

If a motor vehicle license is required for the position for which you are applying, please give the following:

Chauffeur Operator

Class: _____ Date of Expiration: _____ Number: _____

LEAVE THIS SPACE BLANK

Exam Number _____ Approved by _____

Date Received _____ Pending _____

Fee \$ _____ Disapproved by _____

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of applicant Date

State any other names by which you have been known

Education

Do you have a high school diploma? Yes No Name and Location of High School: _____

Or a High School Equivalency (GED) Diploma? Yes No

College/University

Name of School and City in which located	Dates of attendance (Month/Year) From To	Type of Course of Major	Number of College Credits Received	Did you Graduate?	Type of degree received?	Date Degree Received or Expected

College Transcripts (omit if not applicable)

Is transcript submitted herewith? Is transcript on file with Albany County Civil Service? Is College to forward transcript?

Professional Schools, Residencies, Military Service Schools, Other Schools

Do you have a license, certificate, or other authorization to practice a trade or profession? Yes No

Name of trade or profession _____ Granted by (Licensing agency) _____ State of _____

Initial date of Licensure _____ License # _____ Currently Licensed From: Mo. Yr. To: Mo. Yr.

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.		Name of Employer	Address	City and State
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Paid? Yes / No	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.		Name of Employer	Address	City and State
------------------------------------------------------------	--	------------------	---------	----------------

Paid? Yes / No	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.		Name of Employer	Address	City and State
------------------------------------------------------------	--	------------------	---------	----------------

Paid? Yes / No	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS OR DISABILITY. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

ADDITIONAL CREDITS FOR VETERANS AND CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS
KILLED IN THE LINE OF DUTY

INSTRUCTIONS AND INFORMATION

***If you are claiming additional credits as a disabled or non-disabled war veteran, you must submit a copy of your separation papers (DD214) within two months of the last filing date for examination.

A. VETERANS' CREDITS

Have you used your veterans' credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951?

Yes No

***If you answer yes, you cannot use veterans' credits again (NYS Civil Service Law §85.4) unless you had been certified as a non-disabled war veteran and became a disabled veteran after that.

VETERANS' CREDITS: For the purpose of claiming veterans' credits on a civil service examination, an applicant must have been honorably discharged or released under honorable circumstances after serving on active duty with the armed forces of the United States during time of war.

- Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points, respectively, (5 and 2.5 points in the case of promotional examinations) added to their earned scores, and provided they have not previously used such credits to obtain permanent appointment or promotion. Veterans may determine to waive the use of their credits at any time up to the time of permanent appointment or promotion.
- Veterans who are eligible for additional credit must submit a copy of their separation papers (DD-214) within two (2) months of the last filing date for the examination. Veterans' credits can only be added to a passing score on the examination.
- Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be conditionally granted veterans' credits in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. **No credit may be granted after the establishment of the list.** It is the responsibility of the candidate to provide appropriate documentary proof indicating that the service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including veterans' credits.
- Effective January 1, 2014, the State Constitution was amended to permit disabled veterans to use additional credits on civil service examinations to obtain a second appointment or promotion.
- If a veteran previously received five (non-disabled) points on an open-competitive examination and subsequently became certified as disabled, he or she would be entitled to receive another five (disabled) points on a subsequent examination whether an open-competitive or a promotion examination.
- If a veteran previously received two and one-half (non-disabled) points on a promotion examination and subsequently became certified as disabled, he or she would be entitled to receive another seven and one-half (disabled) points on a subsequent examination whether an open-competitive or a promotion examination.

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes. Discharged veterans are required to submit a copy of their DD-214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rate at 10% or more) incurred during time of hostile action or war.

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES
FROM MO/YR TO MO/YR

- World War II: December 7, 1941 – December 31, 1946
- US Public Health Service: July 29, 1945 – September 2, 1945
- Korean Conflict: June 27, 1950 – January 31, 1955
- US Public Health Service: June 26, 1950 – July 3, 1952
- Vietnam Conflict: February 28, 1961 – May 7, 1975
- Hostilities in Lebanon***: June 1, 1983 – December 1, 1987***
- Hostilities in Grenada***: October 23, 1983 – November 21, 1983***
- Hostilities in Panama***: December 20, 1989 – January 31, 1990***
- Persian Gulf Conflict: August 2, 1990 – ()
- Active Duty:

***For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

B. ADDITIONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE

LINE OF DUTY: In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.



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CNA Certification Questionnaire

1. Have you ever worked at a Nursing Home Yes No

2. If Yes, please list the Nursing Home(s) along with the month and year you worked there:

3. Have you taken the CNA course for certification in New York State: Yes No

If yes, where did you take this course and what month and year did you complete this course?

Where: _____ Month & Year _____

4. Did you take the Clinical/Written exam? Yes No

Where: _____ Date: _____

5. Did you pass the first section (clinical skills) of testing of the New York State test for CNA?

Yes No If Yes, date: _____ Location: _____

6. Did you take the second section (written test) of the New York State test for CNA?

Yes No If Yes, date: _____ Location: _____

7. How many times have you tried to pass the New York State test for CNA, in the Clinical and written areas and failed after your last 100 hour course?

Circle Answer: Clinical Area 1 2 3 Written Area 1 2 3

8. Have you ever been certified? Yes No

If Yes, what month and year: From: _____ to _____

Are you currently certified? Yes No

Certification #: _____

9. If your certification lapsed, when is the last time you worked as a CNA in a Nursing Home?

Year: _____ Month: _____

Signature: _____ Date: _____

Print Name: _____





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QUESTIONNAIRE FOR ALL CNA APPLICANTS

Name: _____ Date: _____

Please answer the following questions:

1. You are feeding Mr. Brown his lunch when he becomes agitated and strikes you in the face and spits in your face. What do you do?

2. You have entered Mr. Green's room to give him his bath. After you explain what you are going to do, Mr. Green swears at you and makes a derogatory/or insulting remark. How do you respond to him?

3. You walk into Mr. Jones room to reposition him and he has smeared stool (B.M.) all over himself and his linen and bedrails. What do you say to him and what do you do?

4. You have just changed Mrs. Smith and transferred her into her wheelchair. Her family arrives 15 minutes later to visit her and you overhear them talking. They are complaining that Mrs. Smith is wet and soiled and that they are going to see the charge nurse. What would you say and do?

5. Mr. Black is on a toileting program. His care plan states to toilet him every two hours. He recently had a catheter inserted. What should you do?





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6. Mrs. White was recently admitted to the nursing home. You find her crying. She tells you that someone was mean to her and pinched her arm. What do you do?

7. Mrs. Yellow tells you that she has a print blouse and a pink sweater that's been missing for a week. What do you do about it?

8. Mr. Blue who is 95 years old tells you that he wants to go to see his mother. What do you say and do?

9. You arrive on your assigned unit and find your co-workers complaining that they are short staffed and we don't have any linen. What are you going to say to them?

10. The Nursing Department has a dress code which limits jewelry to a wedding ring and button type earrings. You are finished with orientation and working on the units. You find many staff members wearing long dangling earrings, rings on all fingers, long necklaces – what are you going to wear?

*If you need additional room to answer, write on the additional space provided.
Please be sure to mark the question number.





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Notice to Prospective Employees of the Requirement to Conduct a Criminal History Record Check

Pursuant to 10 NYCRR 400.23, in order to qualify for employment, Shaker Place is required to conduct a Criminal History Records Check (CHRC) on applicants for employment at the Shaker Place Rehabilitation and Nursing Center, for job titles which include provision of direct care of supervision of residents.

The CHRC will be done through a Criminal Justice System search conducted through the contractor appointed by the New York State Department of Health (NYSDOH). Once we have received authorization notice from NYSDOH, we will be instructed to initiate the fingerprinting process, as necessary.

Employment will not be extended until we have received the CHRC and determination that you are qualified for employment. However, we MAY employ you on a provisional basis for a period of time not to exceed sixty (60) calendar days, subject to certain conditions including maintaining direct supervision of you during this provisional period.

We are prohibited from hiring or utilizing you if the CHRC reveals a conviction in any of the following offenses:

1. **Any** Class A Felony defined in the Penal Law;
2. **Any** Class B Felony defined in the Penal Law occurring within 10 years preceding the date of the CHRC report;
3. **Any** Class D or E Felony listed in Articles 120 (Assault), 130 (Sexual Offense), 155 (Larceny), 160 (Robbery), 178 (Diversion of Prescription Medications) or 220 (Controlled Substance Offenses) of the Penal Law occurring within the 10 years preceding the date of the CHRC report;
4. **Any** crime defined in Sections 260.32 or 260.34 of the Penal Law (i.e., endangering the welfare of a vulnerable elderly person) occurring within the 10 years preceding the date of the CHRC report; and
5. **Any** comparable offense in any other jurisdictions.

Where the CHRC reveals a conviction for any other criminal offense not listed above, we will determine your suitability for employment is in accordance with article 23-A of the State Correction Law and consider any information produced by you in accordance with section 753(1)(g) of the State Correction Law.

You will have the opportunity to obtain, review and explain the information contained in the CHRC.

You may withdraw your application for employment at any time, without prejudice, prior to our decision on employment and any CHRC process will be discontinued at that time.





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Notice Of Criminal Background Check

Signature Sheet

This is to certify that I have received a copy of the
**“Notice To Prospective Employees Of The
Requirement To Conduct A Criminal History
Record Check”** from Shaker Place Rehabilitation
and Nursing Center.

Name: _____

Date: _____



NEW YORK STATE DEPARTMENT OF HEALTH
Criminal History Record Check



Department of Health

DOH CHRC form 102: Acknowledgement and Consent for Fingerprinting and Disclosure of Criminal History Record Information

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Alias/AKA	Mother's Maiden Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (street)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 – ATTESTATION

1.	I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).		
2.	I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.		
3.	I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary. In accordance with applicable laws, DOH will furnish appropriate summary information to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law. I have been informed that upon receiving notification from DCJS that there is a subsequent pending criminal action or proceeding or conviction, the DOH shall promptly notify an authorized person(s) of a provider of the additional allegation or new conviction.		
4.	I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.		
5.	I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI. If I believe an error has been made by DCJS for any New York State conviction/charge or the FBI for a non-New York State conviction/charge, I understand that I should notify DCJS and/or the FBI to report and request correction of this error to the addresses below.		
	<table border="1"> <tr> <td>NYS Division of Criminal Justice Services Criminal History Bureau Record Review Unit-5th Floor 4 Tower Place, Albany, NY 12203 (518) 485-7675</td> <td>Federal Bureau of Investigation Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road, Clarksburg, WV 26306 (304) 625-5590</td> </tr> </table>	NYS Division of Criminal Justice Services Criminal History Bureau Record Review Unit-5th Floor 4 Tower Place, Albany, NY 12203 (518) 485-7675	Federal Bureau of Investigation Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road, Clarksburg, WV 26306 (304) 625-5590
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6.	I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.		
7.	I certify to the best of my knowledge and belief that I (check as appropriate): <input type="radio"/> Have <input type="radio"/> Have not been convicted of a crime in New York State or any other jurisdiction <input type="radio"/> Do <input type="radio"/> Do not have a final finding of patient or resident abuse If you checked either "Have" and/or "Do", please provide a brief explanation. (Optional) <input type="text"/>		
8.	My current mailing or home address is indicated in Section 1 of this form.		
9.	I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency in accordance with applicable laws. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own.		

Applicant Signature: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Name and Signature of Parent or Legal Guardian: <input type="text"/> (if subject individual is under 18 years of age)	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name: <input type="text"/>	Operating License Number (PF): <input type="text"/>
Print Name of Authorized Person: <input type="text"/>	Title: <input type="text"/>
Signature of Authorized Person: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

This form is to be retained by the agency. Do not forward to the DOH CHRC



NYS Department of Health

EXPEDITED REVIEW REQUEST FORM FOR CRIMINAL HISTORY RECORD CHECK

Type all information - USE CAPITAL LETTERS. Please Fax completed & signed form to CHRC unit at (518) 474-7477

SECTION 1 - SUBJECT INDIVIDUAL

Form fields for subject individual: Last 4 digits of Social Security Number, Date of Birth, LAST Name, FIRST Name, Maiden Name, Alias (AKA), Street Number, Apt #, Street Name, City, St, Zip, Home Phone, Cell Phone, Birth Country/Place, Sex, Race, Height (ft-inch), Weight (lbs), Hair, Eyes.

SECTION 2 - AGENCY IDENTIFICATION

Form fields for agency identification: Nursing Home, CHHA, LTHHCP, PFI#, OR, LHCSA LICENSE #, Full name of Agency where applicant will be working, Authorized Person Last Name, First Name.

The subject individual, whose identification I have confirmed, will provide direct care or supervision to individuals receiving care and/or services and is a subject individual concerning whom a criminal history record check is required by law (Article 28-E of the Public Health Law and Section 845-B of the Executive Law). Further, the subject individual is not licensed under Title 8 of the Education Law, or is licensed under such Title but will not be hired in the capacity of a licensed professional. I understand that the results of the criminal history record check will be used solely for purposes authorized by law and I will abide by the confidentiality requirements set forth in law. Informed consent (DOH CHRC Form 102) has been given by the subject individual and is on file.

Signature of AP: [Signature Box] Date: MM / DD / YYYY

*The Authorized Person shall inform the subject individual that disclosure of the Social Security Number (SSN) is voluntary and not mandatory and that it will be used to assist DOH-CHRC Unit in performing criminal history record checks.