

## NOTICE TO APPLICANTS FOR DIRECT CARE POSITIONS

Pursuant to Title 10, Section 400.23 of the New York Code of Rules and Regulations, **Island Nursing & Rehab Center** is required to conduct a criminal background check of all applicants for employment in non-licensed positions providing direct resident care and/or supervision. Pursuant to these regulations we are required to notify you of the following:

1. We will submit your fingerprints to the New York State Department of Health and request the Department to forward such information to the Attorney General of the United States. The Attorney General will then conduct a full search of the records of the Federal Bureau of Investigation to ascertain if you have any record of a criminal conviction.

2. The Attorney General will provide its findings to the New York State Department of Health, which will in turn forward the results to us. If the background check reveals that you have been convicted of certain enumerated crimes, your application for employment will be rejected. If you have been offered provisional employment, such employment will be terminated.

3. Pursuant to the regulations, you have the right to:

- obtain a copy of the results of the criminal background check, review the information contained and explain same;

- withdraw your application for employment without prejudice at any time before we make a decision on your application. In such event we will destroy your fingerprint card and any information we may have obtained in connection with the criminal background check.

4. The fingerprinting and criminal background checks are conducted at no cost to you.

5. Any information we receive about you as a result of a criminal background check will be used only for determining your suitability for employment in a position involving direct patient care or supervision. Such information will be treated as confidential and will not be disclosed to any one else except as permitted by law.

6. If your employment application is denied because of information obtained during the course of a criminal background check we will provide you with a written statement of our decision and the basis thereof.

I HAVE RECEIVED A COPY OF THIS NOTICE OF CRIMINAL BACKGROUND CHECK ON THE DATE SET FORTH BELOW.

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Signature of Applicant

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Name of Applicant (Please Print)

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Date

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**INTERVIEWER'S COMMENTS:**

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**INITIAL RECOMMENDATION:**

\_\_\_\_\_ Consider hiring the applicant

\_\_\_\_\_ Not hiring the applicant at this time

\_\_\_\_\_  
Interviewer Signature-Title

\_\_\_\_\_  
Date

Department Head/Final Recommendation:

Applicant accepted:     Applicant rejected:

Explain reason for acceptance/rejection

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Director -Signature

**NURSING APPLICANTS ONLY:**

DNS/ADNS/Nursing Recruiter Comments:

Related Experience:

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Strengths: \_\_\_\_\_

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Weaknesses: \_\_\_\_\_

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Clinical Skills: \_\_\_\_\_

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Test Scores: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# ISLAND NURSING AND REHAB CENTER

## “PER DIEM” AND/OR “PER DIEM E/O-W/E” STAFF AGREEMENT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. As per my pre-employment interview, I understand that monthly I will be required to submit, in writing, my dates of availability to work full shifts as a Per Diem Employee. My availability must be submitted no later than 10<sup>th</sup> of the month **prior** to posting the next month’s schedule.
2. My availability requirements as a “*Per Diem*” employee are as follows and are based upon the staffing needs and shifts of the facility: One (1) **weekend** (Saturday **and** Sunday) per month **and** four (4) weekdays- one (1) per week each month. I must be available for, at least, six (6) dates per schedule as per facility needs. I agree to be available to work minimum of one summer & one winter holiday, which is recognized by INRC. In addition to the major holiday(s), I must be available to work as the facility needs dictate.
3. My availability requirements as a Per Diem E/O-W/E employee in the **Nursing Dept.** (W/E) is to be scheduled to work every other week-end. I agree to be available to work minimum of one summer & one winter holiday, which is recognized by INRC  
  
PD/E/O-W/E EE initial’s \_\_\_\_ (contingent upon Nursing offer of employment only)
4. I will be scheduled for full shifts, as needed according my submitted availability under the above outlined minimum requirements. Once scheduled, I understand that I will be required to work those days. I am responsible to verify **my** scheduled dates as posted or advised. Should I fail to come in as scheduled or without the required notice (no less than 2 hours before the start of my scheduled shift=No Call No Show) and provide an alternative available date, I will be removed from the Per Diem Pool and my employment may be subject to termination.
5. I understand that I may elect to make myself available to work more than the six (6) day minimum.
6. I understand that if I fail to meet these requirements, decline or cannot be reached by phone to work for a period of 2 consecutive months, or if the facility is unable to schedule me hours based upon facility needs for a period of three (3) months I will be removed from the Per Diem pool and my employment will be terminated.
7. I have read, understand and agree the requirements of this position as outlined above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date