ROOSEVELT CARE CENTER
at Old Bridge

EMPLOYMENT APPLICATION
1133 Marlboro Road
Old Bridge, NJ 08857
Phone:732-360-9830
Fax:732-360-9831

Position Applied For			Date:
Name			
Last	*First*	*MI*	
Address:			
Street	*City*	*State*	*Zip*

Home Phone:	Cell Phone:	Work Phone:

Can we call you at work? ☐ *YES* ☐ *NO*

Are you eligible to work in the USA? ☐ YES ☐ NO *(Proof of citizenship or immigration status is required.)*	
Valid and Current Drivers License No.	State Issued
List other professional licenses & expiration dates:	
Professional Licenses	***Expiration Date***

Have you been convicted of a felony in the last 7 years? ☐ YES ☐ NO

If yes, explain _____

Type of Employment desired.	☐ Full Time	☐ Part Time	☐ Per Diem	☐ Seasonal	☐ Shift 1, 2, 3

SCHOOL RECORD

Name and Addresses of School	No. of Years completed	Degree earned or major
1.		
2.		
3.		

REFERENCES *(Professional or personal who are not relatives)*

Name	Phone Number including area code
1.	
2.	
3.	
Are you proficient (i.e., read, speak, understand) English? ☐ YES ☐ NO	Other Languages?

EMPLOYMENT BRIEF

(List last 4 employers. Gaps in employment should be explained below in the "Additional Information" section)

Employer	*Telephone*	*Dates (From – To)*
Address	*Duties:*	
Job Title	*Reason for Leaving:*	
Supervisor		

Employer	*Telephone*	*Dates (From – To)*
Address	*Duties:*	
Job Title	*Reason for Leaving:*	
Supervisor		

Employer	*Telephone*	*Dates (From – To)*
Address	*Duties:*	
Job Title	*Reason for Leaving:*	
Supervisor		

Employer	*Telephone*	*Dates (From – To)*
Address	*Duties:*	
Job Title	*Reason for Leaving:*	
Supervisor		

ADDITIONAL INFORMATION *(List other information that you would like considered.)*

I certify that I am not subject to any employment contract or other agreement which would prevent me being hired.

I certify that all information on this application is accurate and true to the best of my ability and I understand that a misrepresentation is cause for removal from the job.

Also, I agree and authorize Roosevelt Care Center to verify any information on or related to this application.

Signature ____________________

EMPLOYMENT/SERVICE VERIFICATION FORM

Pursuant to the Health Care Professional Responsibility and Reporting Enhancement Act (HCPRREA), (P.L. 2005, c. 83, effective October 30, 2005) which enables health care entities[1] to exchange certain information regarding health care professionals[2] and in the interest of verifying such information, this form seeks information regarding the health care professional named below. Upon inquiry from a health care entity about a current or formerly employed health care professional, health care entities must provide the following information about that health care professional (see N.J.S.A. § 26:2H-12.2c): (1) job performance as it relates to patient care based upon job performance evaluations; (2) eligibility for re-employment at the health care entity; (3) reason for separation for a formerly employed health care professional and (4) copies of any notifications and supporting documentation sent to the New Jersey Division of Consumer Affairs (DCA), the medical practitioner review panel, a professional or occupational licensing board of the DCA within seven years preceding the date of this inquiry (see N.J.S.A. §§ 26:2H-12.2a and 12.2b).

TO BE COMPLETED BY REQUESTING HEALTH CARE ENTITY

Date of Inquiry: _____

Name of Candidate: _____

Maiden Name/Other Names Used _____

Professional License or Certification Number: _____

Position Applied For: _____

Employer(Name and Location):_____

Title(s)ofPosition(s)Held:_____

Dates Employed: From: _____ To: _____

*****Applicant's Signature:_____**

TO BE COMPLETED BY FORMER/CURRENT HEALTH CARE ENTITY/EMPLOYER

SECTION I

Name of Employee: _____

Title(s) of Position(s) Held: _____ Please circle one: FT PT Per Diem

Dates Employed: From: _____ To: _____

[1]The HCPRREA defines "health care entities" as health care facilities licensed pursuant to N.J.S.A. § 26:2H-1, state and county psychiatric hospitals and developmental centers, HMOs, carriers offering managed care plans, staffing registries and home care services agencies.

[2]The HCPRREA defines "health care professionals" as individuals licensed or authorized to practice a health care profession regulated by DCA or other professional and occupational licensing boards including but not limited to physicians; podiatrists; nurses; pharmacists; physical, occupational and respiratory therapists; psychologists; psychoanalysts; social workers; audiologists and speech-language pathologists; optometrists; ophthalmic dispensers and technicians; dentists; orthotists and prosthetists; marriage and family therapists; veterinarians and chiropractors; and acupuncturists. Health care professionals also include home health aides certified by the Board of Nursing and nurse aides and personal care assistants certified by the Department of Health and Senior Services.

REASON FOR SEPARATION FROM EMPLOYMENT *(please check all that apply):*

Voluntary Reasons	**Involuntary Reasons**
____ Voluntary Resignation	**____ Involuntary Lay-Off**
____ Voluntary Relocation	**____ Involuntary Discharge for Performance**
____ Voluntary Lay-Off	**____ Involuntary Discharge for Misconduct**
____ Voluntary Resignation in Lieu of Discharge	**____ Involuntary Discharge for Attendance**
____ Abandoned Position	**____ Other *(provide description)*_____**
____ Other *(provide description)*_____	

SECTION II

For all health care professionals, please describe the healthcare professional's job performance as it relates to patient care. Job performance relates to the suitability of the healthcare professional for re-employment at the health care entity and the professional's skills and abilities as they relate to suitability for future employment at a health care entity. Any job performance information provided should be based on the professional's job performance evaluation considering those evaluations signed by the evaluator and shared with the health care professional and the professional's response to that evaluation (see N.J.S.A. § 26:2H-12.2c.) Please check the appropriate blank below regarding the healthcare professional's skills and abilities relating to patient care. *(Attach additional pages as needed).*

____ Exceeds standards ____ Meets Standards ____ Does not meet standards

Please indicate the date of last/most recent performance evaluation:_____

SECTION III

Is the health care professional eligible for re-employment by the health care entity? _Yes *or* **_No**
If "No", please provide explanation as it relates to patient care (see Section II above).

SECTION IV

During the seven (7) years preceding the date of this inquiry (see above), have you submitted any notification to the New Jersey DCA, the medical practitioner review panel or any DCA professional or occupational licensing board about this health care professional? __Yes *or* __No
If yes, please provide a copy of the notification and all supporting documentation as required by N.J.S.A.§ 26:2H-12.2c

FORM COMPLETED BY:

_____	**_____**
Print Name	**Signature**
_____	**_____**
Title	**Date**

Employment Application Supplement

AFFIRMATIVE ACTION *(Information is voluntary)*

This survey information is not part of your official application for employment; it is considered confidential and is not a factor in the hiring decision. The purpose of this data is to comply with government regulations including those agencies involved with affirmative action.

Name _____ Title Applied For _____

Sex: ☐ Male ☐ Female

EEO ID Group: ☐ White ☐ Black (Non Hispanic) ☐ Hispanic

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Veterans, DVs and individuals with disabilities may have special employment considerations or access to reasonable accommodation. If you wish to be identified as such, check the applicable block(s).

☐ Vietnam era Vet (1964-1975) ☐ DV ☐ Individual with a disability

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Middlesex County Improvement Authority
Addendum to Employment Application

Name: _____ Date: _____

Are you related to a Middlesex County Freeholder, County Clerk, Sheriff, Surrogate, Department Head, Division Head, Board Member of a County Authority or an Executive Director as a:

Spouse	_____ Yes	_____ No
Child	_____ Yes	_____ No
Parent	_____ Yes	_____ No
Step Child	_____ Yes	_____ No
In-Law	_____ Yes	_____ No
Sibling	_____ Yes	_____ No
Nephew	_____ Yes	_____ No
Niece	_____ Yes	_____ No
First Cousin	_____ Yes	_____ No

If yes, County Official(s) Name and Title: _____

CITIZENSHIP OR IMMIGRATION STATUS VERIFICATION

US Department of Justice (INS) Eligibility Verified ☐ YES ☐ NO

VERIFIED BY_____TITLE_____

DATE_____

STERLING

PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	●	✓ ✗ ⊘

CONSENT AND DISCLOSURE

Applicant's First Name or Initial Last Name

I understand that ***Roosevelt Care Center*** ('COMPANY') will utilize the services of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011 ('STERLING'), as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and educational and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

○ By filling in this circle, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with STERLING and advise COMPANY as to the basis of my challenge.

In exchange for COMPANY's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against COMPANY or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize COMPANY to procure a consumer report and/or investigative consumer report on my background as stated above from STERLING. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

Minnesota & Oklahoma Applicants Only: I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by filling in the circle below. STERLING will mail the consumer report directly to me.

Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of any consumer report obtained by COMPANY from STERLING.

○ I wish to receive a copy of the consumer report. (Fill in the circle only if you are a Minnesota or Oklahoma applicant and and wish to receive a copy)

STERLING

PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	●	⊘ ⊗ ◉

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Social Security Number

Primary Telephone Number (no dashes)

Male ○ Female ○

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

PLEASE SIGN HERE

Today's Date (MMDDYYYY)

STERLING

PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	●	⊘ ⊗ ⊘

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051

STERLING

PRINT CHARACTERS LIKE THIS	CORRECT	INCORRECT
ABCDE 98765	●	✓ ✗ ⊘

Para informacion en espanol, visite http://www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to http://www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See http://www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See http://www.ftc.gov/creditfor an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.