

Conditional Job Offer

Name: _____

It is the policy of this organization to issue a written conditional job offer based on several conditions and contingencies, including but not limited to the following:

This conditional offer is conditioned upon Life Center's ability to verify that the applicant meets all of its hiring standards. Therefore this conditional job offer is conditioned upon successful verification, review and/or completion of the employee's references, education, employment experience, professional licenses and certifications, state and federal criminal history records, fingerprinting, FBI background check, driver's license and driving record, Recipient Rights and other screening procedures used to assess the applicant's good moral character and overall suitability and eligibility to be employed by Life Center, Inc.

The conditional offer of employment is also conditioned upon the successful completion of a pre-employment fitness for duty exam including TB test. Such examination will be conducted at a health care facility, clinic or health care professional office selected by Life Center, Inc. The cost associated with these screenings will be paid directly by Life Center, Inc.

Additionally, this conditional job offer is contingent upon the applicant's ability to submit appropriate documentation establishing his/her identity and his/her right to be lawfully employed in the United States as determined by the Immigration Reform and Control Act of 1989.

Any information gathered from the background check screening and health examination shall be kept confidential and disclosed only to Life Center, Inc. personnel involved in hiring decisions. This information may also be disclosed to local, state and federal agencies as authorized by state law or federal law and/or other organizations with whom Life Center, Inc. has a contractual obligation to disclose such information.

This conditional job offer is contingent upon the Employer's ability to verify the accuracy and truthfulness of all of the information provided on the job application and throughout the hiring process.

Life Center, Inc. is an equal opportunity employer and it will not discriminate on the basis of race, sex, sexual orientation, religion, national origin, marital status, age, weight, height, color, disability, veteran status or genetic testing in the hiring of employees.

This conditional offer is also conditioned upon the applicant's full and timely cooperation with the production of references, obtainment and submission of signed releases, consent forms, fingerprints and the obtainment of any other information required by employer policy or local, state or federal law. Failure to comply fully with all of the requirements within 10 business days will result in the automatic withdrawal of this offer. Furthermore, this Conditional Job Offer is contingent upon participation in scheduled orientation meetings and completion of required trainings. Failure to meet these requirements will result in the withdrawal of our conditional offer of employment.

This conditional job offer does not alter in any way the at-will status of employment.

This conditional job offer is contingent upon successful and satisfactory completion of subsequent interviews by Life Center staff and/or consumers. In addition, this conditional job offer is contingent upon the availability of suitable work for which the applicant is qualified.

Finally, if in the event any condition or contingency is not met to the sole satisfaction of Life Center, Inc. this conditional offer of employment will be rescinded immediately.

Applicant Signature:

Date:

Employer Signature:

Date:

Life Center, Inc.
Releases of Information

**Consent to the Obtainment of Criminal Background Check
State Police Records and FBI Fingerprinting**

I consent that Life Center, Inc. may conduct a criminal history check on me that includes the review and obtainment of State Police records, fingerprints and an FBI background check. For this purpose, I also agree to provide personal identification acceptable to the State Police. This consent has been granted pursuant to my receipt of a Conditional Job Offer.

I consent that Life Center may conduct subsequent criminal background checks at least annually throughout the employment relationship, at the discretion of Life Center, Inc.

Printed Name

Signature and Date

Date of Birth

Consent to local Offices of Recipient Rights/ Department of Community Health and other Mental Health Agencies Background Check

I authorize the Office of Recipient Rights, Department of Community Health and/or any other mental health agency or designee, to release information from its records of rights investigations pertaining to substantiated rights violations or actions regarding me to Life Center, Inc. I hereby release Life Center, Inc., the Office of Recipient Rights/ Department of Community Health and their assigns or successors from all liability or claims.

I consent that Life Center may conduct subsequent Office of Recipient Rights/ Department of Community Health checks at any time throughout the employment relationship, at the discretion of Life Center, Inc.

Signature and Date

Consent to the Review and Obtainment of State Driving Records

I authorize the State of Michigan and/or the state from which my driver's license is issued, to release information to Life Center, Inc. regarding my driving record. I understand that a condition of my employment states that I must possess a valid Michigan driver's license. My driving record information will be verified at least annually and I will be expected to maintain a driving record acceptable to Life Center and/or its insurance carrier. I do hereby release Life Center, Inc. and the State of Michigan or other applicable state and their assigns or successors from all liability or claims.

I consent that Life Center may conduct subsequent driving record checks at least annually throughout the employment relationship, at the discretion of Life Center, Inc.

Signature and Date

Driver's License Number

As of 09/15/2011

CONSENT TO RELEASE OF RECIPIENT RIGHTS INFORMATION

Send to: DWMHA-ORR
 640 Temple, 2nd floor
 Detroit, MI 48201
 Phone: (313) 833-2752
 Fax: (313) 833-2043

I hereby authorize Detroit Wayne Mental Health Authority, Office of Recipient Rights (DWMHA ORR) to release to

Name: *Life Center, Inc.*
 Address: *15419 Middlebelt Road*
 City, Zip: *Livonia, MI 48154*
 Phone: *734-261-1094*
 Fax: *734-261-4659*

any and all written reports and records it has indicating I was involved in a substantiated Recipient Rights complaint. In signing this Consent, I waive any and all rights I may have, whether known or unknown, to commence any legal action against Detroit Wayne Mental Health Authority on the basis of any claim related to the disclosure of written reports and records covered by this Consent to the corporation named above. I absolve DWMHA of any and all liability for the use of the information contained in such written reports and records. I fully understand and accept that substantiated violations of a recipient's rights may preclude my employment with the above corporation.

Name (please print) _____ Maiden or other name used (please print) _____

Last 4 digits of SSN: _____ Date of Birth: _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

To Be Completed by above named corporation:

I verify that the above named individual has been given a conditional offer of employment and that the identifying information listed above matches the information given by this individual. That Recipient Rights information provided by DWMHA ORR pertains only to the time period specific below. That DWMHA ORR makes no representation as to whether the Recipient Rights information disclosed includes every Recipient Rights violation substantiated against the above named individual.

Signature of Executive Director/Designee: _____ Date: _____

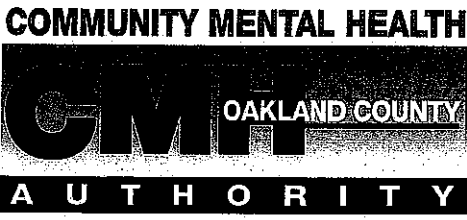
To Be Completed by DWMHA ORR:

Upon review of our records for the period from _____ to _____, the following was discovered. For the above named individual:

- Was identified as violating a recipient's Michigan Mental Health Code protected right(s)
 - Date(s) of report(s): _____
 - Violation(s): _____

- Was not identified as violating a recipient's Michigan Mental Health Code protected right(s)

Signature for DWMHA ORR: _____ Date: _____



WILLIE BROOKS, Executive Director

Office of Recipient Rights

AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY

I, _____, authorize the Oakland County Community Mental Health Authority (PRINT FULL LEGAL NAME) to disclose to the PROVIDER/CONSUMER listed below any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

I, _____, release the Oakland County Community Mental Health Authority, (PRINT FULL LEGAL NAME) its officers, its agents and its employees from any and all liability, claims, suits and actions of any nature brought against the Oakland County Community Mental Health Authority, its officers, its agents and its employees for disclosing the information requested by me and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

APPLICANT SIGNATURE _____ DATE ____/____/____ APPLICANT'S PREVIOUS NAME/S OR MAIDEN NAME (IF APPLICABLE) _____

WITNESS SIGNATURE _____ DATE ____/____/____ APPLICANT'S LAST 4 DIGITS OF SS# _____ (Witness to ensure form is complete and legible before sending to process.)

INFORMATION TO BE SENT TO:

Life Center PROVIDER/CONSUMER

15419 Middlebelt ADDRESS

Livonia MI 48154 CITY STATE ZIP CODE

APPLICANT'S DATE OF BIRTH MONTH AND DAY ONLY

DRIVER'S LICENSE #/STATE ID #

DATE OF APPLICATION/HIRE

(734)261-1094 PHONE CONTACT PERSON

[X] Please fax this form back at (734)261-4659 Attn: HR Dept.

[] Please mail this form back at the Provider/Consumer address above.

RIGHTS OFFICE USE ONLY

The above applicant does _____ does not _____ have substantiated recipient rights violation(s) according to Oakland County Community Mental Health Authority records.

By: Vicki L. Suder, Director of Rights and Advocacy DATE: _____



COMMUNITY MENTAL HEALTH
 OFFICE OF RECIPIENT RIGHTS
 22550 Hall Road, Clinton Township, MI 48036
 586-469-6528 FAX 586-466-4131
 www.mccmh.net

Mark A. Hackel
 County Executive

John L. Kinch
 Executive Director

Mark Mishal
 Program Director

BOARD OF DIRECTORS

Louis J. Burdi
 Chairperson

Janice A.B. Wilson
 Vice-Chairperson

Joan Flynn
 Secretary-Treasurer

Patricia Bill
 Marilyn Brown
 Linda K. Busch
 Nick Ciaramitaro
 Mary Louise Daner
 Rose Ann Mrosewske
 Brian Negovan
 Betty Slinde
 Kathy D. Vosburg

AUTHORIZATION TO RELEASE RECIPIENT RIGHTS INFORMATION

I _____ hereby authorize Macomb County Community Mental Health Services, Office of Recipient Rights, to release to the following corporation or provider Life Center, Inc. at the following address 15419 Middlebelt Rd., Livonia, MI 48154 any written reports or records regarding substantiated violations of recipient rights against me.

I release the Macomb County Community Mental Health Services, Office of Recipient Rights, from any and all claims, liability and damages that may result from the release of these reports or records. I also understand that because of the nature of my job and licensing requirements, the information provided pursuant to this authorization may be provided to representatives of the Department of Consumer and Industry Services and/or other community health agencies. I hereby consent to the release of this information to these agencies.

*Note** If an applicant disagrees with our findings, please contact this office prior to any dismissal to ensure we have the correct person and prevent a possible mix up in identities.*

 Applicant's Name (please print clearly)

 Applicant's Signature Date

 Applicant's Maiden Name (print clearly)

 Last 4 digits of Social Security Number

PLEASE PROVIDE COMPLETE MAILING ADDRESS AND/OR FAX NUMBER ON ALL RELEASE FORMS!

 Witness's Signature

 Date



A CARF Accredited Organization



MEMBER

OFFICE USE ONLY

The individual named above **DOES** _____ **DOES NOT** _____ have any written reports or records regarding substantiated violations of recipient rights.

 Authorized Signature of Office of Recipient Rights _____
 Date

**AUTHORIZATION TO DISCLOSE
EMPLOYEE INFORMATION
AND RELEASE OF LIABILITY**

I, _____, authorize Genesee Health System (GHS) and the GHS
(print full name)
Office of Recipient Rights to disclose to the Provider/Consumer listed below any and all information in your possession regarding any violation of recipients' rights committed by me. I recognize that any disclosure cannot include confidential client information protected by any Federal, State, or common law.

I, _____, release GHS and the GHS Office of Recipient Rights, its officers, its agents
(print full name)
and its employees from any and all liability, claims, suits, and actions of any nature brought against GHS and the GHS Office of Recipient Rights, its officers, its agents and its employees etc. for disclosing the information requested by me and I shall indemnify and hold them harmless should any claims, suits or actions be filed against them.

PREVIOUS PLACES OF EMPLOYMENT:

1. _____ Dates employed: _____ to _____
2. _____ Dates employed: _____ to _____

Applicant's Signature	Date	Other names used
Witness Signature	Date	

INFORMATION TO BE SENT TO:

Life Center
Provider/Consumer

15419 Middlebelt Rd.
Street Address

_____ Livonia City	_____ MI State	_____ 48154 Zip Code	_____ (734) 261-4659 FAX
---------------------------------	-----------------------------	-----------------------------------	---------------------------------------

Fax this form to: (810) 257-3790 for processing

RIGHTS OFFICE USE ONLY

An individual with the above name does have a substantiated recipient rights violation(s) according to GHS records.

By: _____ Date: _____
GHS Office of Recipient Rights

**Denial of Existence of Criminal History
As Required by Public Act 292 of 2010**

I have been advised by Life Center, Inc. that it is necessary to conditionally employ me or independently contract with me prior to receiving all of the results of the criminal history record information required by Public Act 292 of 2010. Accordingly, I make the following representations while this information is obtained and analyzed:

1. I swear under penalty of law that I have not been convicted of a felony or misdemeanor within the applicable time period that makes me ineligible, by law, to work for this organization. I have reviewed the attached list of felonies and misdemeanors prior to making this representation.
2. I am not the subject of an order or disposition under section 16b of Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16(b.) relating to findings of not guilty by reason of insanity.
3. I have not engaged in conduct that became the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in a nursing facility in accordance with 42 USC 1395i-3 or 1396r.
4. I agree that, if the information in the criminal history investigation conducted by this organization does not confirm my statements, then my employment or contract will be terminated unless and until I can prove that the information is incorrect. I further agree that if this results in a period of unemployment, suspension, or leave of absence, it will be without compensation and without fringe benefits.
5. I understand the conditions set forth in Public Act 292 of 2010 that result in my termination and agree that these conditions are in fact good cause for termination.
6. I am aware that the provision of false information regarding my identity or criminal history or applicable substantiated findings of neglect, abuse or misappropriation of property is a crime punishable by fines and/or imprisonment.

Print Name

Signature

Date

Adult Foster Care Licensees Good Moral Character and Criminal Histories

Life Center, Inc. is required to comply with Public Act 292 of 2010. In brief summary, this state statute mandates the obtainment of extensive criminal history background information, including FBI fingerprinting, of all individuals who seek employment or an independent contract in positions that provide “direct access” to the residents served by this organization. “Direct access” is defined as access to a resident or to a resident’s property, financial information, medical records, treatment information or any other identifying information. This law supplements and reinforces this organization’s long-standing policies relating to the required good moral character and suitability to work with vulnerable adults.

Public Act 292 of 2010 prohibits AFC facilities from employing or independently contracting with an individual with certain criminal conviction histories who regularly has direct access to or provides direct services to residents. The complete list appears at the end of this policy.

Public Act 292 of 2010 also prohibits employment or an independent contract with an individual who has been the subject of a finding of not guilty by reason of insanity. Public Act 292 of 2010 also prohibits employment or an independent contract with an individual who engaged in conduct that became the subject of a finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in a nursing facility in accordance with 42 USC 1395i-3 or 1396r.

The criminal history background information mentioned in this policy will be obtained by this organization only after a written good faith offer of employment or contract has been extended. All workers covered under this law must, as a condition of employment, execute any and all consent forms, acknowledgements and releases arising from compliance with Public Act 292 of 2010.

As a condition of continued employment, all workers covered under Public Act 292 must immediately report to this organization any arraignment or conviction of one or more offenses that make them ineligible to work under Public Act 292 of 2010. As an additional condition of employment, all covered workers must report to this organization if they have become the subject of an order or disposition finding of not guilty by reason of insanity. Workers are also to report if they engage in conduct that becomes the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in a nursing facility in accordance with 42 USC 1395i-3 or 1396r.

The provision of false, incomplete or misleading information during the hiring and application process will result in refusal of work and/or termination. Under Michigan law, an individual who knowingly provides false information regarding his or her identity, criminal convictions or applicable substantiated findings of neglect, abuse or misappropriation of property is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both.

An individual is prohibited from working in an adult foster care (AFC) facility if the individual satisfies one or more of the following:

- a. Has been convicted of a relevant crime described under 42 USC 1320a-7.
- b. Has been convicted of:
 - any of the felonies listed below;
 - an attempt or conspiracy to commit a felony listed below; or
 - a state or federal crime that is “similar” to the listed felonies (other than a felony for a relevant crime described under 42 USC 1320a-7)

unless 15 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction prior to the date of application for employment or the date of the execution of the independent contract.

Felonies Requiring a 15-Year Lapse

- i. A felony involving cruelty or torture.
- ii. A felony involving criminal sexual conduct.
- iii. A felony involving abuse or neglect.
- iv. A felony involving the use of a firearm or dangerous weapon.
- v. A felony involving the diversion or adulteration of a prescription drug or other medications.
- vi. A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function that involves the use of force or violence, or that involves the threat of the use of force or violence.
- vii. A felony that involves vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.

- c. Has been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime described under 42 USC 1320a-7 or a felony described under subdivision (b) above, unless 10 years have lapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction prior to the date of application for employment or the date of the execution of the independent contract.
- d. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 10 years immediately preceding the date of application for employment or the date of the execution of the independent contract:

Misdemeanor Convictions Requiring a 10-Year Lapse

- i. A misdemeanor involving abuse or neglect.
- ii. A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).
- iii. A misdemeanor involving criminal sexual conduct.
- iv. A misdemeanor that involves vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.
- v. A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

- e. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 5 years immediately preceding the date of application for employment or the date of the execution of the independent contract:

Misdemeanor Convictions Requiring a 5-Year Lapse

- i. A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.
- ii. A misdemeanor involving home invasion.
- iii. A misdemeanor involving embezzlement.
- iv. A misdemeanor involving negligent homicide or a violation of Section 601d(1) of the Michigan Vehicle Code, 1949 PA 300, MCL 257.601d.
- v. A misdemeanor involving larceny unless otherwise provided under subdivision (g).
- vi. A misdemeanor of retail fraud in the second degree unless otherwise provided under subdivision (g).
- vii. Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided under subdivision (d), (f), or (g).

- f. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the 3 years immediately preceding the date of application for employment or the date of the execution of the independent contract:

Misdemeanor Convictions Requiring a 3-Year Lapse

- i. A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- ii. A misdemeanor of retail fraud in the third degree unless otherwise provided under subdivision (g).
- iii. A misdemeanor under part 74 of the public health code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, unless otherwise provided under subdivision (g).

- g. Has been convicted of any of the following misdemeanors, other than a misdemeanor for a relevant crime described under 42 USC 1320a-7, or a state or federal crime that is substantially similar to the misdemeanors described in this subdivision, within the year immediately preceding the date of application for employment or the date of the execution of the independent contract:

Misdemeanor Convictions Requiring a 1-Year Lapse

- | |
|--|
| <p>i. A misdemeanor under part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461 relating to controlled substances, if the individual, at the time of conviction, is under the age of 18.</p> <p>ii. A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.</p> |
|--|
- h. Is the subject of an order or disposition under section 16b of Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16b. This statutory provision pertains to a finding of not guilty by reason of insanity.
- i. Engaged in conduct that became the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in a nursing facility in accordance with 42 USC 1395i-3 or 1396r.

The above paragraphs are a general summary of the state law. Employees must refer to the specific statute for final authority.