

Family Choice of New York

Employment Application

Applicant's Name (print) _____

Company Name _____	Telephone _____
Address _____	Dates of Employment _____ to _____
Supervisor's Name _____	Pay \$ _____ per _____
Job Title/Duties _____	
Reason for Leaving _____	
Company Name _____	Telephone _____
Address _____	Dates of Employment _____ to _____
Supervisor's Name _____	Pay \$ _____ per _____
Job Title/Duties _____	
Reason for Leaving _____	
Company Name _____	Telephone _____
Address _____	Dates of Employment _____ to _____
Supervisor's Name _____	Pay \$ _____ per _____
Job Title/Duties _____	
Reason for Leaving _____	
Company Name _____	Telephone _____
Address _____	Dates of Employment _____ to _____
Supervisor's Name _____	Pay \$ _____ per _____
Job Title/Duties _____	
Reason for Leaving _____	

4. Have you been or are you excluded from participation in **Medicare/Medicaid/New York State Medicaid** or any other state or federally funded health care programs? Yes No
Family Choice of New York will not hire or continue employment of those individuals who are currently excluded or debarred from any state or federally funded health care program participation.
5. Can you meet the attendance requirements of the job? Yes No
6. Have you ever been convicted of a crime other than a minor traffic offense? Yes No (Note: Do not include a Youthful Offender Adjudication or a conviction for a Violation that is sealed pursuant to the NY Criminal Procedure Law. A conviction will not necessarily disqualify you from employment.)

If yes, explain the conviction: _____
(Continue on separate paper if necessary.)

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7. Have you ever had any criminal conviction relating to:

- a. Any federal or state funded health care program including Medicare, Medicaid, and New York State Medicaid?
 Yes No
- b. Patient or elder neglect or abuse? Yes No
- c. Health care fraud? Yes No
- d. Use of controlled substances? Yes No
- e. Fraud, theft, embezzlement? Yes No
- f. Breach of fiduciary responsibility or other financial misconduct? Yes No
- g. Obstruction to a health care investigation? Yes No
- h. Any criminal offense involving violence or assault? Yes No

8. Have you ever had a license to provide health care revoked limited, modified, suspended? Yes No

9. It is the policy of Family Choice of New York to check an employee's Department of Motor Vehicle's driving record upon hire and on an annual basis. An individual will not be eligible for hire or continued employment if they:

- Have had more than three (3) moving violations or more than one chargeable accident in the past thirty-six (36) months.
- Have had a major conviction (driving under the influence of alcohol or drugs) within the past seven (7) years.

10. Please list any friends or family members currently employed by Family Choice of New York:

PLEASE READ:

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements or omissions on this application will usually result in termination of employment. I understand that an offer of employment is contingent upon satisfactorily passing a pre-employment background check and drug screen, and satisfactory proof of lawful employment status as set forth in the Immigration Reform and Control Act. Permission is hereby given to the Company to perform a social security verification and investigate previous employment, educational background, references, criminal and civil history, motor vehicle and driver's license records, and any other public record information on file in local, state, or federal agencies. I release the Company and former employers from any liability resulting from any lawful information provided which may result in withdrawal of an employment offer or termination. I also understand that I am not eligible for employment with Family Choice of New York if I am at any time, subject to exclusion from participating in any federally funded health care program.

I understand that the Company has a policy prohibiting conflicts of interest or improper use of proprietary information which prohibits any release or use of Company property that would interfere with the business interests or operations of the Company. I understand that employment with the Company is at will and may be terminated at any time by either the Company or myself with or without cause.

Applicant Signature _____ Date _____