



BROAD ACRES
& COUNTRY TERRACE

CRIMINAL BACKGROUND CHECK POLICY

It is the policy of Broad Acres Health and Rehabilitation Center that Criminal Background Checks will be applied for on all applicants/NA trainees before any resident contract or unsupervised access to resident living quarters.

The Criminal Background Check will occur in the following manner:

1. Perspective employees/nurse aid trainees when completing an application will be advised in writing that a CHRI must be obtained in accordance with the state regulations.
2. During the course of the selection interview, the candidates are advised by the interviewer that a CHRI will be done.
3. Once candidates are selected, a CHRI will be completed for respective employees/nurse aid trainees who have resided in Pennsylvania for at least two years.
4. In addition, any perspective employees/NA trainee who have not resided in the state of Pennsylvania for at least 2 years will have a CHRI from the Federal Bureau of Investigation thru Department of Aging and NA trainees prior to class starting will have FBI thru cogent system Department of Education.
5. In accordance with regulation, all CHRI clearances will be obtained prior to applicant beginning employment/nurse aid training.
6. The administrator /facility representative reviews the returned CHRI forms for no record or criminal record review attached. The administrator/facility representative signs and dates the forms when received. In absence of the administrator, the director of nursing, the facility representative and/or designee will sign and date the forms.
7. The facility representative is to ensure CHRI reports are obtained via the patch system have the seal embedded on the report.
8. The CHRI report will be obtained no longer than 1 year prior to enrolling in the nurse aid training program/employment.
9. The facility representative to assure that the original or copy of the original CHRI is received, signed, dated and kept on file (copy is to be marked copy of original).
10. The facility will review an employee or enrolled nurse aid applicants CHRI report indicates that the applicant has been convicted of any of these offenses designated as a felony under the Controlled Substance Drug Devices and Cosmetic Act or the prohibitive offenses in Act 169 of 1996 amended by Act 14 of 1997.
11. The candidate will be informed in writing if they have been denied in accordance with the state regulations.
12. Any applicant's records, which are rendered not hired because of CHRI results, will be kept by the Personnel Department in locking file cabinet.
13. The results of all criminal background checks for employees will be maintained in a secured area.
14. It is the intent of the law that the REPRESENTATIVE and not FACILITY be held responsible for compliance with these policies and procedures.

Applicant Signature

Date

Interviewer

Date



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PROVISIONAL EMPLOYMENT AGREEMENT

NAME: _____

I have been advised and understand that, as a condition of my employment, a criminal history clearance must be obtained from the Pennsylvania State Police and/or Federal Bureau of Investigation. I understand that Act of 169 of 1996 and Act 13 of 1997 may affect the employment/nurse aide training program of person convicted of certain crimes, and that information is being obtained in compliance with the Act. In addition, any of the offenses designated as a felony under that Controlled Substance Drug Devices and Cosmetic Act certain offenses may also affect employment/nurse aide training program.

I hereby swear and affirm that a criminal history background has been requested and that I have never been convicted of a crime that could affect my employment or entrance into the nurse aide training program at the above facility. I also understand that my employment is provisional and continued employment is based on information to be received from the criminal justice agency. If the clearance request indicates convictions for crimes that may affect my employment under the Acts, I understand that my employment may be terminated in compliance with state law.

(Signature)

(Date)

(Witness)

(Date)

I have lived in the state of Pennsylvania for two years or longer. YES NO

Please provide your address/addresses for the past two years:

Street	City	State and Zip

(Signature)

(Date)

(Witness)

(Date)