



**APPLICANT IDENTIFICATION AND RELEASE REGARDING INVESTIGATION OF CRIMINAL HISTORY**

**A. IDENTIFICATION: (please print)**

Name: First	Middle	Last	Date of Birth
Alias, Maiden, Previous Married Name(s)			Phone Number
State of Birth	Citizenship	Height	Weight
Hair color		Eye color	Gender (M/F)
Race	Social Security #		
Address	City/State/Zip	County	
Previous Address	City/State/Zip	County	
Previous Address	City/State/Zip	County	
Have you continuously lived in Michigan for the past year? _____ Yes		_____ No	
Driver's License Number/State Issued	CNA License Number <small>(required if applicant has ever obtained a license)</small>	Other Professional License Number	

**B. AUTHORIZATION AND RELEASE**

The undersigned acknowledges:

1. That he/she has executed this document in conjunction with an application for employment with Trinity Senior Living Communities;
2. That he/she hereby authorizes Trinity Senior Living Communities' access to State Police records, fingerprints and an FBI background check pursuant to Public Act 28 (29) effective April 1, 2006
3. That he/she agrees to release Trinity Senior Living Communities and any other person, company or other entity from any and all causes of action that otherwise might arise from supplying Trinity Senior Living Communities with information it may request pursuant to this release;
4. That he/she understands that Public Act 28 (29) indicates a health care facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility or agency after April 1, 2006, if the individual is convicted, attempts or conspires to commit a felony or misdemeanor, or is convicted, attempts or conspires to commit another similar state or federal crime, as fully set forth in 2006, Public Act 28 (29).
5. That he/she understands that Public Act 28 (29) indicates a health care facility or agency that is a nursing home, county medical care facility, hospice, hospital that provides swing bed services, home for the aged, or home health agency shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility or agency after April 1, 2006, if the individual is the subject of an order or disposition finding of not guilty by reason of insanity, under section 166 Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769. 16b or if the individual is 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 relation to a skilled nursing facility in accordance with 42 USC 1395i - 3 or 1396r.
6. That he/she understands that any false answers or statements, or misrepresentations by omission made by him/her on this form or any related document, may result in rejection of his/her application or immediate discharge, should such falsifications or misrepresentations be discovered after his/her employment.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_