

**APPLICATION FOR EMPLOYMENT**

(please print)

Date of Application: \_\_\_\_\_  
month day year

How did you hear about us? \_\_\_\_\_ Did someone refer you if so, who? \_\_\_\_\_

Name: \_\_\_\_\_  
Last Middle First

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Last 4 of Social Security number: xxx-xx- \_\_\_\_\_

Have you ever been employed here before: \_\_\_\_yes \_\_\_\_no

Are you legally eligible for employment in this country: \_\_\_\_yes \_\_\_\_no  
(Proof of US citizenship or immigration status will be required upon employment.)

Position Applied For \_\_\_\_\_ \_\_\_ FT \_\_\_ PT \_\_\_ Temp \_\_\_ Volunteer \_\_\_ Intern

Date available to start \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

**Employment History**

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Dates of Employment: _____ to _____	Hourly rate/salary: _____
Employer: _____	Phone number: _____
Employer Address: _____	
Job Title: _____	Full Time _____ or Part Time _____
Immediate Supervisor: _____	Reason for leaving: _____
Job Responsibilities: _____	

Dates of Employment: _____ to _____	Hourly rate/salary: _____
Employer: _____	Phone number: _____
Employer Address: _____	
Job Title: _____	Full Time _____ or Part Time _____
Immediate Supervisor: _____	Reason for leaving: _____
Job Responsibilities: _____	

Dates of Employment: _____ to _____	Hourly rate/salary: _____
Employer: _____	Phone number: _____
Employer Address: _____	
Job Title: _____	Full Time _____ or Part Time _____
Immediate Supervisor: _____	Reason for leaving: _____
Job Responsibilities: _____	

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Full Time \_\_\_\_\_ or Part Time \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

**Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

\_\_\_\_\_  
\_\_\_\_\_

**Educational Background (Please provide copies of degrees and/or transcript)**

Education	Name and Location	Years Completed	Date Graduated	Degree	Course of Study
High School					
College					
Other					
Certifications/ Licensure					

**References (3 minimum, at least 2 of which must be work/professional)**

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Initial \_\_\_\_\_ I hereby give you permission to contact all my previous employers and/or schools EXCEPT my present employer. At such time as you offer me a position and I accept, you may then contact my present employer for information on my performance history with that organization

**OR**

Initial \_\_\_\_\_ I hereby give you permission to contact all my previous employers and/or schools, including my present employer.

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

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Interview Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Second Interview Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

**Reference Check/Verification:**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**Employment Verification:**

- Company Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- Company Name: \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Background Check Completed: Date \_\_\_\_\_ Status: \_\_\_\_\_

Drivers license: Date Verified: \_\_\_\_\_ Insurance Company: Approval or Denial Date \_\_\_\_\_

**Degree Verification:**

- School/Program: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- School/Program: \_\_\_\_\_ Date Verified: \_\_\_\_\_
- School/Program: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Recommend Hire: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Initials \_\_\_\_\_

Date position offered: \_\_\_\_\_ Date Verbal Acceptance received: \_\_\_\_\_

Staff Supervisor: \_\_\_\_\_

### Disclosure Regarding Background Investigation

To authorize your background check, please carefully read the Disclosure Agreement and fill out the information below including your full legal name as it appears on your photo ID.

Healthcare Commons, I ("the Company") may request, for lawful purposes, background information about you from a consumer reporting agency in connection with your application for employment (including independent contractor assignments as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

Backgrounds Online will prepare or assemble the background checks for the Company. Backgrounds Online is located and can be contacted by mail at 1915 21st Street, Sacramento, California 95811, and by phone at 800-838-4804. Their website can be found at [www.backgroundsonline.com](http://www.backgroundsonline.com).

The types of information that may be obtained include, but are not limited to: social security number verifications, address history, credit reports and history; criminal records and history; public court records; driving records; worker's compensation claims, bankruptcy filings; educational history verifications (such as dates of attendance and/or degrees obtained); employment history verifications (such as dates of employment, salary, reasons for termination, etc); personal and professional reference interviews; professional licensing and certification checks; drug/alcohol testing results; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates and other information sources.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; 1.800.838.4804;** [www.backgroundsonline.com](http://www.backgroundsonline.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

\_\_\_\_\_

Signed

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Date

### Acknowledgment & Authorization for Background Screening

To authorize your background check, please carefully read the Authorization Agreement and fill out the information below including your full legal name as it appears on your photo ID.

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Healthcare Commons, I ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Backgrounds Online, 1915 21st Street, Sacramento, CA 95811; 1.800.838.4804; [www.backgroundsonline.com](http://www.backgroundsonline.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California, Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

\_\_\_\_\_

Signed

\_\_\_\_\_

Date

\_\_\_\_\_

Name (please print)

Parental Consent (applicable for minors only): I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this authorization as described above.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name (please print)

### **Additional State Law Notices**

If you are a California, Maine, Massachusetts, New York, Vermont or Washington applicant, employee or contractor, please also note:

**California:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by Backgrounds Online during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Backgrounds Online's offices in person, during normal business hours and on reasonable notice, by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Backgrounds Online has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from The Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**Massachusetts:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

**New York:** You have the right, upon request to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

**Vermont:** Pursuant to section 2480e of the VFCRA in regards to consumer consent, (a) A person shall not obtain the credit report of a consumer unless:

(1) the report is obtained in response to the order of a court having jurisdiction to issue such an order; or (2) the person has secured the consent of the consumer, and the report is used for the purpose consented to by the consumer. (b) Credit reporting agencies shall adopt reasonable procedures to assure maximum possible compliance with subsection (a) of this subsection. (c) Nothing in this section shall be construed to affect: (1) the ability of a person who has secured the consent of the consumer pursuant to subdivision (a) (2) of this section to include in his or her request to the consumer permission to also obtain credit reports, in connection with the same transaction or extension of credit, for the purpose of reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account, and (2) the user of credit information for the purpose of prescreening, as defined and permitted from time to time by the Federal Trade Commission.

**Washington:** If The Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from The Company a complete and accurate disclosure of the nature and scope of the investigation requested by The Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Personal Information Required for Background Screening**

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. This information is confidential, will be used strictly for background screening purposes only and not as hiring criteria. Please fill out the information below as clearly and accurately as possible.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

<input type="text"/>	<input type="text"/>
Other Names/Aliases	Position Applied For

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Driver's License Number	State

<input type="text"/>	<input type="text"/>
Current Address	City/State/Zip Code

<input type="text"/>	<input type="text"/>
Email Address	Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
Current/Former Employer	Position	Dates of Employment

If currently employed, may we contact your employer?  Yes  No

## Summary of Consumer Rights Under the Fair Credit Reporting Act

Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la  
Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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: [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 1-888-567-8688.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center--FCRA Washington, DC 20580 (877) 382- 4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St., N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



**MAIN OFFICE**

500 S. Pennsville-  
Auburn Road  
Carneys Point,  
NJ, 08069

Phone:  
856-299-3200 (P)  
Fax:  
856-299-7183 (F)

**EMERGENCY SERVICES**

Memorial  
Hospital of  
Salem County

Salem-Woodstown  
Road  
Salem, NJ 08079

24 Hour  
Hotline:  
856-299-3001

**RESIDENTIAL SERVICES**

6 Howard St.  
Penns Grove,  
NJ, 08069

856-299-7090 (P)  
856-299-5370 (F)

**PSYCHO-SOCIAL REHABILITATION CENTER**

351 E. Pittsfield St.  
Pennsville NJ 08070

856-678-5100 (P)  
856-678-8200 (F)

**DRUG AND ALCOHOL SCREENING**

I hereby grant permission to Healthcare Commons Inc. to administer a substance abuse/use screening, conducted by a licensed medical laboratory specified by HCI.

I release Healthcare Commons Inc. from any and all liability resulting in outcome of screening. I also understand that if there are any positive findings discovered, I will not be employed by Healthcare Commons Inc. due to the nature of this type of work.

Please print clearly:

Potential employee signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administration/Human Resources

\_\_\_\_\_  
Date



AUTHORIZATION FOR RELEASE OF INFORMATION

MAIN OFFICE

500 S. Pennsville-  
Auburn Road  
Carneys Point,  
NJ, 08069

Phone:  
856-299-3200 (P)  
Fax:  
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351 E. Pittsfield St.  
Pennsville NJ 08070

856-678-5100 (P)  
856-678-8200 (F)

I \_\_\_\_\_ authorize Healthcare  
Commons, Inc. to contact my previous/present employer for the purpose of  
experience/employment verification

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please verify employment for the above named applicant:

Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please Check: [ ] Full Time [ ] Part time \_\_\_\_\_ hours per week

Date of Termination: \_\_\_\_\_

Signature: \_\_\_\_\_

## CONFLICT OF INTEREST POLICY

The purpose of this policy is to establish minimum standards for use by HCI in the governance of the performance of its officers, employees or agents involved in procurement transactions.

### I. Scope

This policy applies to all HCI staff, consultants and officers.

### II. Definitions

(See Department of Human Services "Contract Policy and Information Manual" (CPIM) for definitions in Policy Circular P8 .05 and the glossary.

Conflict of Interest (also conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include HCI paid staff members, officers or Governing Board of Directors members and consultants where appropriate.

### III. Policy

A. The purpose of these policies and procedures is to prevent the personal interests of staff members, officers or Governing Board members from:

1. Interfering with the performance of their responsibilities to HCI and its clients; or
2. Resulting in personal financial, professional, social, and/or political gain on the part of such persons at the expense of HCI and/or client's interest.

B. Disclosure of situations is required in official meetings of HCI and/or by notice or letter to the Board Chairman and/or Administration when:

1. A member of the Governing Board is related to another member of the Governing Board.
2. A member of the Governing Board is related to a staff member.
3. A member of the Governing Board is also a staff member;
4. A staff member in a supervisory capacity is related to another staff member he/she supervises;

5. A member of the Governing Board or a staff member receive payment from HCI for any sub-contracts, goods or services, such as consultant, laundry maintenance, construction or remodeling;
  6. A member of the Governing Board or a staff member is a member of the governing body of a contributor to HCI.
- C. In the event of any occurrence of a situation in B above, the following procedures are to be utilized or implemented:
1. A conflict will be adjudged to exist by the Chairperson of the Board of Directors or his/her designated agent, or the CEO/Administrative Director after proper written notice of disclosure or when the appearance of conflict occurs in their judgement based on the above policy statement. These officers will rule on that conflict's existence based on the facts available in the most appropriate time limit.
  2. If in conflict, these officers may mandate non-participation of staff, officers, or Governing Board members.
  3. Voluntary non-participation may be elected by the same parties.
  4. Conflict of interest occurring without the above being followed may lead to dismissal or termination from HCI employment or lead to a request for a Board Member's resignation.
  5. Administrative review is available to employees and consultants through the CEO/Administrative Director in procedures he may designate. Administrative review for the Chief Executive Officer shall be the responsibility of the Governing Board of Directors.
  6. Appeals may be directed to the Board of Directors or a sub-committee so designated which will develop its procedures on a case-by-case basis.
  7. Findings shall be written and delivered to the person in conflict, in a reasonable time limit.
- D. No HCI staff members, officer, or Governing Board member may participate in the selection, award, or administration of a procurement or procurement-related transaction in which federal or state funds are used, where to his/her knowledge, any of the following has a financial, professional, social, and/or political interest in that transaction.
1. The staff member, officer, or Governing Board member
  2. Any member of his/her immediate family

3. His/her partner
4. An organization in which any of the above is an officer, director, or employee
5. A person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment

#### IV. Procedures

- A. All HCI staff, officers, Governing Board members, and consultants shall have opportunity to review these policies in the "Personnel Manual" provided to each HCI employee
- B. Revisions made to these policies through amendments or memoranda will be approved by the Governing Board and filed with the State and in the "Agency Manual"
- C. Members of the Governing Board and staff must indicate receipt of this policy by signature on the attached form.

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*Proudly  
Serving Salem  
County since  
1954*

I have read, understand and agree to comply with Healthcare Commons, Inc.  
"Conflict of Interest Policy."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

POTENTIAL CONFLICT OF INTEREST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_ I **do not** have a potential conflict of interest as outlined in the personnel manual of Healthcare Commons, Inc.

\_\_\_\_\_ I **have** a potential conflict of interest as outlined in the personnel manual of Healthcare Commons, Inc. At minimum the following must be disclosed; a listing of any part-time, secondary &/or other job, consult position or any/all other work must be listed. Any ownership, part or whole, in any business or financial venture. Any familial and or social connection with other employees, Board of Directors, clients &/or organization which HCI may have a financial interaction. The potential conflict is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I am attesting that the above is a true and accurate statement. Failure to fully disclose any potential conflict of interest and/or to purposely make false statements and/or omissions, shall at minimum result in termination of employment. This may also include any other civil and criminal action as may be appropriate and available.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration Date

\_\_\_\_\_  
Board Date  
(If deemed appropriate)

Disposition (if appropriate): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**HEALTHCARE COMMONS, INC**  
500 Pennsville-Auburn Rd.  
Carney's Point, NJ 08069

**DECLARATION OF CONFIDENTIALITY**

I, the undersigned, do hereby declare that I understand that the principle of confidentiality will be strictly observed by all staff, students, student trainees and volunteers. Therefore, I promise and covenant the following:

1. That under no circumstances will disclose the identity of any client to any individual not connected with Healthcare Commons, Inc., nor will I disclose any information that might come into my possession through any part of the work.
2. That under no circumstances will I comply with any request to withhold information from my supervisor or the person acting in the capacity of my supervisor.
3. That the undersigned may withdraw or be asked to resign from the program at any time as a result of not adhering to the principle of confidentiality.
4. That in the event of my withdrawal or resignation. I will respect the confidentiality of all information related to the work of Healthcare Commons, Inc.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Title \_\_\_\_\_



**The Central Registry of Offenders Against Individuals with Developmental Disabilities  
Employee/Volunteer Consent for Employers to Check Form  
N.J.A.C. 10:44D**

Please Complete the Following Information:

Employee/Volunteer Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Other Last/First Names Used: (please list any/all last names used, including maiden name, nicknames or other)

\_\_\_\_\_

D.O.B.: \_\_\_\_\_ Last Four (4) Digits of Social Security Number: \_\_\_\_\_

Agency/Facility Name: \_\_\_\_\_

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed/allowed to volunteer in a program licensed, contracted or funded, directly or indirectly by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

\_\_\_\_\_

Employee/Prospective Employee/Volunteer Name (please print)      Signature      Date

<i>Provider Agency Use Only</i>	
<i>The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D</i>	
Registry Check Performed By: _____	Date: _____
	Listed on Registry Yes ___ No ___