

DEPARTMENT OF HEALTH SERVICES
LICENSING AND CERTIFICATION PROGRAM
1800 Third Street, Suite 210
P.O. Box 942732
Sacramento, CA 94234-7320

TO: Job Applicants
FROM: The California Department of Health Services,
Licensing and Certification Program
Subj: Criminal Conviction Clearance Requirements

People with developmental disabilities are among the members of our society most likely to be abused. Abuse can happen in private homes, at work, in the community and in health facility settings licensed by the State of California. You are seeking employment in a health facility setting licensed by the State to serve individuals with developmental disabilities.

The State of California protects residents of this home and ones like it by mandating that Direct Care Staff hired to work in such settings pass Criminal Conviction Clearance Requirements. The Requirements prohibit person convicted of certain crimes from becoming employed in these licensed homes. Information on the reverse side of this page summarizes covered crimes and provides guidance about whether to submit an application for employment should you have any related convictions. Each job applicant's background is verified to ensure that they have not been convicted of any of these crimes.

If you have questions regarding your eligibility to be employed in this setting, please direct them to a member of the facility's management.

Thank you in your interest in seeking employment as a Direct Care Staff providing services and supports to people with developmental disabilities.

Disqualifying Penal Code Sections

If they have been convicted of any of the penal codes listed, CNA/HHA, applicants will be automatically denied certification or ICF/DD, DDH, or DDN applicants will be denied employment. All CNA/HHA applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of fingerprints since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.

Section

- 187 Murder
- 192(a) Manslaughter, Voluntary
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper
- 210.5 False imprisonment
- 211 Robbery (includes degrees in 212.5 (a) and (b))
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.4 Sexual battery (Includes degree (a) - (d))
- 245 Assault with deadly weapon, all inclusive

- 261 Rape (Includes degree (a) – (e))
- 264.1 Rape or penetration of genital or anal opening by foreign object
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of female under 18
- 266a Taking person without will or by misrepresentation for prostitution
- 266b Take person by force
- 266c Sexual act by fear
- 266d Receiving money to place person in cohabitation
- 266e Placing a person for prostitution against will
- 266f Selling a person
- 266g Prostitution of wife by force
- 266h Pimping
- 266i Pandering
- 266j Placing child under 16 for lewd act
- 266k Felony enhancement for pimping/pandering
- 267 Abduction of person under 18 for purposes of prostitution
- 273a Willful harm or injury to a child; (Includes degree (a) – (c))
- 273b Corporal punishment/injury to a child (Includes degrees (a) – (c))
- 273.5 Willful infliction of corporal injury (Includes (a) – (h))
- 285 Incest
- 286(c) Sodomy with persons under 14 years against will
- (d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
- (f) Sodomy with unconscious victim
- (g) Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd or lascivious acts with child under age of 14
- 288a(c) Oral copulation with person under 14 years against will
- (d) Voluntarily acting in concert with or aiding and abetting
- (f) Oral copulation with unconscious victim
- (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Includes degree (a))
- 289 Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
- 289.5 Rape and sodomy (Includes degrees (a) and (b))
- 368 Elder or dependent adult abuse; theft or embezzlement of property (Includes (b) –(f))
- 451 Arson (Includes degrees (a) – (e))
- 459 Burglary (Includes degrees in 460 (a) and (b))
- 470 Forgery (Includes (a) – (e))
- 475 Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) – (c))
- 484 Theft
- 484d-j Intent to commit theft by fraud
- 484d-j Theft of access card, forgery of access card, unlawful use of access card
- 487 Grand theft (Includes degrees (a) – (c))
- 488 Petty theft
- 496 Receiving stolen property (Includes (a) – (c))
- 503 Embezzlement
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Certification of applicants with convictions on this list MAY be reconsidered by ATCS only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed by ATCS.



SERRA CENTER

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

NAME _____ TODAY'S DATE _____

EMAIL _____

OTHER NAMES USED (NICKNAME, ALIAS, MAIDEN, OR FORMER NAME)? YES NO NAME: _____

ADDRESS _____

NUMBER AND STREET

CITY

STATE

ZIP

TELEPHONE NUMBERS: HOME _____ CELL _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR:

WORK AVAILABILITY:

M-F WEND AM DATE AVAILABLE FOR WORK? _____

SALARY

EXPECTATION: _____

HOW DID YOU LEARN ABOUT SERRA CENTER?

SERRA CENTER HAS A POLICY THAT REGULATES EMPLOYING SPOUSES OR DOMESTIC PARTNERS OF CURRENT EMPLOYEES. IS YOUR SPOUSE OR DOMESTIC PARTNER CURRENTLY EMPLOYED BY SERRA CENTER? Yes NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO IF YES, DESCRIBE CONVICTION
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.)

HAVE YOU BEEN FIRED OR ASKED TO LEAVE A JOB WITHIN THE LAST FIVE (5) YEARS? YES NO
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER QUIT A JOB WITHIN THE LAST FIVE (5) YEARS BECAUSE YOU WOULD HAVE BEEN FIRED? YES NO
IF YES, PLEASE EXPLAIN: _____

HAS ANY ACTION EVER BEEN BROUGHT BY ANY AGENCY TO SANCTION YOU (INCLUDING WITH ANY FINES OR OTHER PENALTIES) OR TO EXCLUDE YOU FROM PARTICIPATION IN ANY LOCALLY, STATE, OR FEDERALLY FUNDED PROGRAM? YES NO
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN FORMALLY DISCIPLINED IN CONJUNCTION WITH A PROFESSIONAL LICENSE HELD, FORFEITED A PROFESSIONAL LICENSE, OR HAD A PROFESSIONAL LICENSE REVOKED? YES NO
IF YES, PLEASE EXPLAIN: _____

EDUCATION

LEVEL	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

SKILLS/SPECIALIZED TRAINING (If Applicable)

Word 6.0/95 Version(s) _____ TYPING _____ WPM
 Excel Lotus 10 KEY CALCULATOR

Licenses/Certifications (if applicable). Please list other skills, abilities, or training (such as accounting, foreign languages, internships):

EMPLOYMENT RECORD

(Name last employer first. Outline employment record for the last ten (10) years. Use an extra page if necessary.)

NAME OF EMPLOYER	STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____ TELEPHONE _____		
DATES EMPLOYED FROM _____ TO _____	DESCRIBE YOUR DUTIES		
YOUR TITLE	NAME & TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING			
NAME OF EMPLOYER	STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____ TELEPHONE _____		
DATES EMPLOYED FROM _____ TO _____	DESCRIBE YOUR DUTIES		
YOUR TITLE	NAME & TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING			
NAME OF EMPLOYER	STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____ TELEPHONE _____		
DATES EMPLOYED FROM _____ TO _____	DESCRIBE YOUR DUTIES		
YOUR TITLE	NAME & TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING			
NAME OF EMPLOYER	STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____ TELEPHONE _____		
DATES EMPLOYED FROM _____ TO _____	DESCRIBE YOUR DUTIES		
YOUR TITLE	NAME & TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR LEAVING			

REFERENCES

List name and telephone number of three business/work references who are not related to you and are previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

MEMBERSHIP

List professional, trade, business, or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

ORGANIZATION	OFFICES HELD

HONORS

List special accomplishments, publications, and awards. (Exclude honors which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

OTHER INFORMATION

List any additional information you would like us to consider.

EMPLOYMENT-RELATED INFORMATION

Have you ever been employed by Serra Center?

Yes No

If yes, give position(s).

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

STATEMENT OF NONDISCRIMINATION

It is the policy of the Serra Center to select and promote employees solely on the basis of merit and qualifications as related to the requirements of the job to be filled, without regard to race, color, religion, sex, national origin, age, handicap or status as a veteran.

This application will be maintained in our active file for a period of 90 days from the date of initial application.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all information given is true, correct, and complete, and that I have not withheld any information, which would, if disclosed, affect my Application unfavorably. I understand that false or misleading statements or omissions on this Application could result in disqualification from further consideration for employment and, if discovered after employment, could result in immediate dismissal. I hereby authorize Serra Center and/or its agents to make an investigation of my background, including (but not limited to) an investigation of my references, character, general reputation, personal characteristics, mode of living, current and past employment, education, and criminal history, which may be conducted through personal interviews with anyone anywhere at any time, in person, via telephone, or otherwise (including with my current and past employers, except as permission is otherwise denied herein), and/or which may be obtained from any federal, state, or local files, including those maintained by both public and private organizations, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment, including my moral character. A telephone facsimile (fax) or xerographic copy of the consent shall be considered as valid as the original.

I release Serra Center and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits arising out of or relating to the information obtained from any and all of the above-referenced sources.

I understand that employment at Serra Center is "at will", which means that if employed, either I or Serra Center can terminate or modify my employment at any time, with or without notice, and with or without cause. If employed, my employment will be for no definite period of time. I understand that no supervisor, manager, or executive of Serra Center has any authority to alter the foregoing.

Date: _____

Signature: _____

NOTICE OF BACKGROUND SEARCH AND INVESTIGATION

You are advised that in connection with your application for employment, Serra Center may make an investigation of your background, references, character, past employment, consumer reports, education, and criminal history record information, which may be conducted through personal interviews, or which may be obtained from any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in your application and/or obtaining other information which may be material to your qualifications for employment.

You are further advised that you have a right under the *Fair Credit Reporting Act* (the "Act") to make a written request within a reasonable period of time for additional information regarding the nature and scope of this investigation, as well as for a written summary of your rights under the *Act*. You are further advised that prior to taking any adverse action based in whole or in part on this investigation, Serra Center will provide you a copy of any consumer report obtained therein and a summary of your rights under the *Act*.