

# Thomas Allen, Inc.

## New Hire Checklist

\_\_\_\_\_  
New Hire Name

\_\_\_\_\_  
Site Name

\_\_\_\_\_  
Supervisor Name

### The following tasks should be completed by the Supervisor before a job offer is made:

- Conduct face-to-face interview.
- Conduct Personal Reference Checks – *Reference 360 and/or Phone References*

### The following tasks should be completed by the Supervisor at the time of a job offer:

- Inform candidate of the offered wage and his/her schedule.
- Schedule Session I, Session II, Medication Administration and CPR (*if required*) training dates.
  - Session I Date: \_\_\_\_\_
  - Session II Date: \_\_\_\_\_
  - Med Admin Date: \_\_\_\_\_
  - CPR Date: \_\_\_\_\_  
(CPR is required at Birch Lake, Deerview, Highland, & Midland– CPR class is held 1 hour before Session II Orientation)
- Inform new hire that Session I is paid at employee's regular rate wage.
- Schedule first on-site training dates.
  - On Site Training Date and Time 1: \_\_\_\_\_
  - On Site Training Date and Time 2: \_\_\_\_\_
- Inform candidate of what items they must bring to Session I (may utilize New Hire Brochure):
  - I-9 Employment Eligibility Documents
  - Driver's License
  - Current Auto Insurance Card
  - Voided Check or Printout from Bank w/ Routing & Account #'s (for Direct Deposit)
  - Lunch is not provided – you are on your own for lunch. Several restaurants are close by; otherwise bring your own lunch.
  - Current First Aid, CPR or Medication Administration Certificates (if applicable)
  - Professional licenses, transcript, copy of diploma (if required)

### The following forms should be attached to this checklist and submitted to Human Resources immediately after a job offer is made:

- Personnel Status Change Notice (PSCN) – Must be signed by Supervisor and APD or PD
- Application for Employment
- Resume (if available)
- Interview Questions & Notes
- Application Cover Sheet
- Background Study Authorization Form
- Sexual Exploitation Authorization Form(s)
- Employment Reference Check Form(s)
- Personal Reference Checks – *Reference 360 and/or Phone References*



Thomas Allen  
PRISON-CENTERED SERVICES

# Reference Questionnaire

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

Reference Name & Relationship to Applicant \_\_\_\_\_

Interviewer Name \_\_\_\_\_

Hello! This is **(your name)**, Program Manager with Thomas Allen. (**Applicant Name:** \_\_\_\_\_) has applied for a (**Position Title:** \_\_\_\_\_) position with us and has listed your name as a reference. Do you have 10 minutes to talk right now or should we arrange another time to talk?

Now is good!

Let's talk later: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*Briefly describe the position so the Reference understands the type of work the Applicant is seeking.**

How long have you known the applicant? Or, how long did you work together?

Can you give me any examples of how this person excelled at her/his position with you? (*Personal reference: What are his/her strengths?*)

**(For former supervisors/coaches/professors):** What are some things you did as a supervisor to help her/him succeed?

What are some words that might define her/his work ethic? (*Personal reference: How does he/she get along with others?*)

Would you consider her/him to be a dependable and responsible person? Why/Why not?

Do you believe she/he is well-suited for this position? Why/Why not?

Why did she/he leave your company? (*Personal Reference: Is there anything else of significance you would like me to know?*)

Great! I have no more questions, but is there anything else you would like to add?

Thank you very much for your time, I really appreciate it. Have a great day!



Thomas Allen  
PERSON-CENTERED SERVICES

# Reference Questionnaire

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

Reference Name & Relationship to Applicant \_\_\_\_\_

Interviewer Name \_\_\_\_\_

Hello! This is **(your name)**, Program Manager with Thomas Allen. (**Applicant Name:** \_\_\_\_\_) has applied for a (**Position Title:** \_\_\_\_\_) position with us and has listed your name as a reference. Do you have 10 minutes to talk right now or should we arrange another time to talk?

Now is good!

Let's talk later: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*Briefly describe the position so the Reference understands the type of work the Applicant is seeking.**

How long have you known the applicant? Or, how long did you work together?

Can you give me any examples of how this person excelled at her/his position with you? (*Personal reference: What are his/her strengths?*)

**(For former supervisors/coaches/professors):** What are some things you did as a supervisor to help her/him succeed?

What are some words that might define her/his work ethic? (*Personal reference: How does he/she get along with others?*)

Would you consider her/him to be a dependable and responsible person? Why/Why not?

Do you believe she/he is well-suited for this position? Why/Why not?

Why did she/he leave your company? (*Personal Reference: Is there anything else of significance you would like me to know?*)

Great! I have no more questions, but is there anything else you would like to add?

Thank you very much for your time, I really appreciate it. Have a great day!

Thomas Allen, Inc.  
Orientation Schedule – Session I  
2019

Date	Day	Time
January 2	Wednesday	9:30a – 4:00p
January 9	Wednesday	11:00a – 5:30p
January 15	Tuesday	2:30p – 9:00p
January 23	Wednesday	9:30a – 4:00p
January 29	Tuesday	9:30a – 4:00p
February 6	Wednesday	11:00a – 5:30p
February 12	Tuesday	2:30p – 9:00p
February 19	Tuesday	9:30a – 4:00p
February 26	Tuesday	9:30a – 4:00p
March 6	Wednesday	11:00a – 5:30p
March 12	Tuesday	2:30p – 9:00p
March 20	Wednesday	9:30a – 4:00p
March 26	Tuesday	9:30a – 4:00p
April 3	Wednesday	11:00a – 5:30p
April 9	Tuesday	2:30p – 9:00p
April 17	Wednesday	9:30a – 4:00p
April 23	Tuesday	9:30a – 4:00p
May 1	Wednesday	11:00a – 5:30p
May 8	Wednesday	2:30p – 9:00p
May 15	Wednesday	9:30a – 4:00p
May 21	Tuesday	9:30a – 4:00p
May 28	Tuesday	11:00a – 5:30p
June 5	Wednesday	2:30p – 9:00p
June 12	Wednesday	9:30a – 4:00p
June 19	Wednesday	9:30a – 4:00p
June 25	Tuesday	11:00a – 5:30p
July 3	Wednesday	2:30p – 9:00p
July 10	Wednesday	9:30a – 4:00p
July 17	Wednesday	9:30a – 4:00p
July 23	Tuesday	11:00a – 5:30p

Instructors' Numbers:

Angela McCallum	C: 952.201.2996	W: 651.789.5131
Beth Brucki	C: 612.414.8019	W: 651.450.0444
Becky Huss	C: 320.249.2788	Email: rahuss85@gmail.com
Terilyn Malone	C: 651.214.2494	W: 651.789.5129 H: 651.789.5103
Nicole Wolters:	C: 651.270.6915	W: 651.789.5103
Nick Sulack	C: 612.432.2954	W: 651.789.8997
Joe Russell	C: 612.503.2484	W: 651.450.0444
Beth Samy	C: 651.491.0581	W: 651.789. 8136

Instructor/Nurses

Bridget Holmen	C: 651.468.5053	Email: bridget.holmen@gmail.com
Stacey Jorgenson	tel.612.462.8242	Email: staceyj@thomasalleninc.com

Thomas Allen, Inc.  
Orientation Schedule – Session 1 cont.  
2019

Date	Day	Time
July 30	Tuesday	2:30p-9:00p
August 7	Wednesday	9:30a-4:00p
August 14	Wednesday	9:30a-4:00p
August 20	Tuesday	11:00a-5:30p
August 27	Tuesday	2:30p-9:00p
September 4	Wednesday	9:30a-4:00p
September 11	Wednesday	9:30a-4:00p
September 18	Wednesday	11:00a-5:30p
September 24	Tuesday	2:30p-9:00p
October 2	Wednesday	9:30a-4:00p
October 9	Wednesday	9:30a-4:00p
October 15	Tuesday	11:00a-5:30p
October 22	Tuesday	2:30p-9:00p
October 29	Tuesday	9:30a-4:00p
November 6	Wednesday	9:30a-4:00p
November 13	Wednesday	11:00a-5:30p
November 19	Tuesday	2:30p-9:00p
November 26	Tuesday	9:30a-4:00p
December 4	Wednesday	9:30a-4:00p
December 10	Tuesday	11:00a-5:30p
December 17	Tuesday	2:30p-9:00p
December 31	Tuesday	9:30a-4:00p

First Aid Classes: If you or your current staff are registering to update your CPR or 1<sup>st</sup> Aid certificate, you can email Administrative Support (up to 2 days before the class begins) or call 651.450.1802 between the hours of 8a-4:30p.

To register for Session 1, Session 2 or Medication Administration classes, make sure to mark these dates on your Payroll Staff Change Notice (PSCN). This lets the HR Specialist know the dates your newly hired staff plans to attend these classes. If you indicate these classes on the Personnel Status Change Notice (PSCN) 4 days ahead of time, you will NOT need to contact the HR Assistant.

Case Management, Guardianship, Maintenance, HR, IT and Finance do NOT need to register for Session 2 or Medication Administration classes.

<b>Breakdown of Session 1 Schedule</b>			
<b>Session 1 Times</b>	HR Paperwork	First Aid	Other Subjects: VA, Med. Admin, Safe Transportation and Positive Support Strategies
<b>9:30a-4:00p</b>	9:30am-10:30a	10:30a-12:30p	12:30p-4:00p
<b>11:00a-5:30p</b>	11:00am-12:00p	12:00pm-2:00p	2:00p-5:30p
<b>2:30p-9:00p</b>	2:30pm-3:30p	3:30pm-5:30p	5:30p-9:00p

Note: All portions of Session 1 are **required**.

**SPECIFIC POSITION INFORMATION**

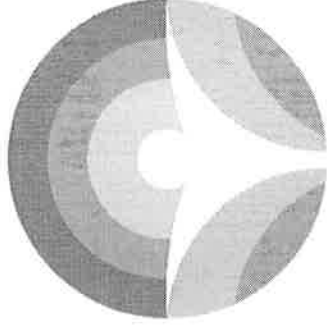
You have been hired to work at: \_\_\_\_\_  
 as a \_\_\_\_\_  
 Address and telephone number for this site is:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Work schedule: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Rate of pay: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

**Directions**

Thomas Allen  
 Corporate Office  
 1550 Humboldt Ave.  
 West St. Paul, MN  
 55118



**Welcome!**



**Thomas Allen**  
 PERSON CENTERED SERVICES

**COMMITTED TO A  
 POSITIVE QUALITY OF LIFE**

Corporate Headquarters  
 1550 Humboldt Avenue  
 West St. Paul, MN 55119  
 651.450.1802

## ORIENTATION INFORMATION

You will be participating in a comprehensive training program at Thomas Allen. The four parts of orientation training are:

- Standard Orientation (2 parts):
  - Session I
  - Session II
- Medication Administration
- Site Specific Orientation

You are scheduled to attend the following training sessions:

### Standard Orientation

Session I: \_\_\_\_\_ Time: \_\_\_\_\_

Session II: \_\_\_\_\_ Time: \_\_\_\_\_

Standard Orientation covers a variety of topics required by licensing regulations and Thomas Allen policy. Orientation is presented at Thomas Allen's Corporate Office (directions on back) via lecture, video and interactive discussion.

### Medication Administration

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

### Site Specific Orientation

Site Specific Orientation is scheduled directly with your supervisor. Site Specific Orientation begins as soon as you have completed Session I.

1st Site Specific Training Date: \_\_\_\_\_ Time: \_\_\_\_\_

## A FEW NOTES ABOUT STANDARD ORIENTATION

- ◆ You will receive the full rate of pay associated with your position for all training sessions.
- ◆ You should dress comfortably and in layers.
- ◆ Feel free to bring a snack, lunch or dinner. A soda machine (65 cents per can), microwave and refrigerator are available to use. Several fast food restaurants are available nearby.

## THINGS TO BRING TO SESSION I

- I-9 Employment Eligibility Documents (See enclosed list)
- Driver's License
- Automobile Insurance Card (Current)
- Copies of applicable certifications or licenses, i.e. CPR, First Aid, CNA, PCA, Nursing, Social Work License
- Voided check to set up direct deposit

Benefit Eligible Employee (30 + hours per week)

Your benefit package will be mailed to within 30 days of your hire date.

**Good luck in your new position!**

**Corporate office directions are on the back side.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
	6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



# IntelliCorp Background Study Disclosure and Authorization Form

---

First Name

Last Name

Middle Name

---

Other Names Used (including Maiden Name)

---

Social Security Number

Drivers License Number & Issuing State

Date of Birth

---

Current Street Address

---

City

State

Zip Code

---

List Other States Lived In (past 10 years)

---

E-mail (may be used for official correspondence)

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

**Please read carefully before authorizing.**

DISCLOSURE: Under the Fair Credit Reporting Act (FCRA), before Thomas Allen, inc. can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. (A "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, **criminal history reports**, or **driving records**.)

I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

I have read and understand the foregoing Disclosure, and authorize Thomas Allen, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize Thomas Allen, Inc. to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Thomas Allen, Inc..

---

Signature

Date



## Employment Reference Request

I have applied for a position at Thomas Allen. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment. Thank you!

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### To Be Completed By Previous Employer

Last Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Eligible for Rehire? Yes / No If no, why not? \_\_\_\_\_

Please write any other comments that would be helpful in making a hiring decision (positive feedback as well as comments regarding attendance, communication, judgment and any acts of violence, theft, harassment or illegal conduct documented in the personnel record.)

\_\_\_\_\_

\_\_\_\_\_

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**  
**Fax: 651-789-5150**  
**1550 Humboldt Ave, West St. Paul, MN 55118**



# Thomas Allen

PERSON CENTERED SERVICES

Human Resources • 1550 Humboldt Ave • West St. Paul, MN 55118 • P: 651.450.1802 • F: 651.789.5150 • www.thomasalleninc.com

## Employment Reference Request

I have applied for a position at Thomas Allen. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment. Thank you!

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

### To Be Completed By Previous Employer

Last Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Eligible for Rehire? Yes / No If no, why not? \_\_\_\_\_

Please write any other comments that would be helpful in making a hiring decision (positive feedback as well as comments regarding attendance, communication, judgment and any acts of violence, theft, harassment or illegal conduct documented in the personnel record.)

\_\_\_\_\_

\_\_\_\_\_

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**

**Fax: 651-789-5150**

**1550 Humboldt Ave, West St. Paul, MN 55118**

•COMMITTED TO THE PROVISION OF QUALITY SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS STATEWIDE•

PER/15-215



# Thomas Allen

PERSON CENTERED SERVICES

Human Resources • 1550 Humboldt Ave • West St. Paul, MN 55118 • P: 651.450.1802 • F: 651.789.5150 • www.thomasalleninc.com

## Employment Reference Request

I have applied for a position at Thomas Allen. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment. Thank you!

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

### To Be Completed By Previous Employer

Last Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Eligible for Rehire? Yes / No If no, why not? \_\_\_\_\_

Please write any other comments that would be helpful in making a hiring decision (positive feedback as well as comments regarding attendance, communication, judgment and any acts of violence, theft, harassment or illegal conduct documented in the personnel record.)

\_\_\_\_\_

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**

**Fax: 651-789-5150**

**1550 Humboldt Ave, West St. Paul, MN 55118**



## Sexual Exploitation Request

I have applied for a position at Thomas Allen serving people with developmental disabilities. I authorize the release of the information requested below and any other information that is necessary for the purpose of complying with Minnesota law, relating to sexual exploitation of patients by psychotherapists. Thank you!

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

### To Be Completed By Previous Employer:

(Legally required information, see page 2 for more information)

Are you aware of any sexual contact between the applicant and a patient and/or former patient of your facility or agency?

I am **not aware** of any sexual contacts by the applicant with a patient or former patient of my facility or agency

I am **aware** that sexual contact was made by the applicant with patients or former patients of my facility or agency.

This question is not applicable to this place of business.

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**

**Fax: 651-789-5150**

**1550 Humboldt Ave, West St. Paul, MN 55118**



## Sexual Exploitation Request

I have applied for a position at Thomas Allen serving people with developmental disabilities. I authorize the release of the information requested below and any other information that is necessary for the purpose of complying with Minnesota law, relating to sexual exploitation of patients by psychotherapists. Thank you!

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

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

### To Be Completed By Previous Employer:

(Legally required information, see page 2 for more information)

Are you aware of any sexual contact between the applicant and a patient and/or former patient of your facility or agency?

- I am **not aware** of any sexual contacts by the applicant with a patient or former patient of my facility or agency
- I am **aware** that sexual contact was made by the applicant with patients or former patients of my facility or agency.
- This question is not applicable to this place of business.

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_

Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**

**Fax: 651-789-5150**

**1550 Humboldt Ave, West St. Paul, MN 55118**



## Sexual Exploitation Request

I have applied for a position at Thomas Allen serving people with developmental disabilities. I authorize the release of the information requested below and any other information that is necessary for the purpose of complying with Minnesota law, relating to sexual exploitation of patients by psychotherapists. Thank you!

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

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

### To Be Completed By Previous Employer:

(Legally required information, see page 2 for more information)

Are you aware of any sexual contact between the applicant and a patient and/or former patient of your facility or agency?

I am **not aware** of any sexual contacts by the applicant with a patient or former patient of my facility or agency

I am **aware** that sexual contact was made by the applicant with patients or former patients of my facility or agency.

This question is not applicable to this place of business.

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative \_\_\_\_\_

Date \_\_\_\_\_

Name of Company Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

**Return this completed form to Human Resources at:**

**Fax: 651-789-5150**

**1550 Humboldt Ave, West St. Paul, MN 55118**