



Dear Employer,

Saint Francis Hospital is a healthcare provider within the State of Delaware. To ensure that the organization remains compliant with Delaware's Special Employment Practices for Health Care and Child Care Facilities (19 Del. C. §708), Service Letters are requested for all newly hired staff.

This applicant has applied for a position with Saint Francis Healthcare and has given your name as a present or former Employer. To help us determine whether this applicant meets requirements for employment, please complete the attached Service Letter request form and return to us within 7 business days.

Please be advised this is not an Employment Verification and is required by the Delaware State Law to be completed.

Your cooperation is greatly appreciated.

Thank you,

Saint Francis Hospital
Human Resources Department

SERVICE LETTER

The provisions of 19 Del. C. §708 require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of 19 Del. C. §708 also require any employer who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request. This law provides for penalties of \$1,000 - \$5,000 for failing to disclose all applicable and available truthful information known to the employer.

TO BE COMPLETED BY EMPLOYER REQUESTING SERVICE LETTER.

Name of Business/Employer requesting service letter: _____

Address of Business/Employer: _____ **Fax:** 302-397-3309 _____

Type of Business of Employer requesting service letter (Check one):

Health Care Facility

Child Care Facility

Name of applicant: _____

Social Security Number: _____

Dates of Employment: From: _____ To: _____

TO BE COMPLETED BY EMPLOYER RECEIVING SERVICE LETTER REQUEST.

The above-named person has applied for employment/licensure with our organization. The applicant indicated on his/her application that s/he was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability.

1. Complete Name of Business/Employer: _____

Address of Business/Employer: _____

Type of Business: _____

2. Dates of Service for employee: From: _____ To: _____

If this information is not available, please explain: _____

3. Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment.
(Please Check One.)

The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children.

The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis, but did occasionally provide some care and/or services.

The employee did not provide services and/or care to clients/patients/residents/children, but did have some contact with them.

The employee had no contact with clients/patients/residents/children.

This information is not available. (Please Explain.)

B. Reason for separation from service (please check one.)

Laid-off Resigned Resigned in lieu of discharge
Discharged Abandoned Position Other (Specify)_____

Information not available (Explain) _____

C. Information relating to employee's performance (please check all statements which apply to this person and circle action/s taken.)

The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.

The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.

The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of patients/clients/residents/children.

The employee was never counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse or negligence/neglect of patients/clients/residents/children.

Not applicable to this employee. (Please Explain.) _____

4. (Optional) I would rehire this individual yes no

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name/title of person completing the form

Signature

Date

Employment Application Release and Acknowledgment:

I, _____, hereby authorize Saint Francis Hospital, Inc., its parents, subsidiaries, affiliates and agents (collectively "Saint Francis"), to obtain information from my current and/or previous employers for the purposes of confirming the information on my application for employment and for obtaining other information, including, but not limited to service letters as required by 19 Del. C. §708(b)(1), which may be material to my qualification for employment with Saint Francis.

I authorize all of my current and previous employers to furnish to Saint Francis any and all information they have pertaining to the facts of my employment, including, but not limited to, history of my employment and, in the case of former employers, complete reasons for my termination.

Furthermore, I verify that the information I have provided on my application for employment with Saint Francis represents a full and complete disclosure of information about my current and previous employment, and that all information contained in the employment application is true and complete to the best of my knowledge, information and belief. I understand that failure to provide a full and complete disclosure of my current and previous employment is a violation of law and shall result in civil penalties.

FULL NAME PRINTED

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

INTERNAL USE:

This signed Employment Application Release and Acknowledgement was received on _____.

FULL NAME PRINTED, HR REPRESENTATIVE

SIGNATURE, HR REPRESENTATIVE