

Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Name: _____ Email Address: _____

Present Address: _____ City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Are You at Least 18 Years Old? Yes No

Position Applying For: _____ Full Time Part Time Per Visit Pool Shift: Day Night
 Part Time Evening W/E

If you are not a US Citizen, do you have the legal right to remain permanently in the US? Yes No

Salary Requirements: _____ Date Available: _____

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and state:

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

Name: _____

Languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient:

Company Name	Complete Address including City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business	Reason For Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

Company Name	Complete Address including City/State/Zip	Phone Number	Supervisor's Name

Date Started	Type of Business	Reason For Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

Company Name	Complete Address including City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business	Reason For Leaving	OK to Contact Supervisor
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

REFERENCES: (Name, Phone, Relationship) _____

Emergency Contact	Relationship	Phone	Address
Out of state contact, if possible	Relationship	Phone	Address

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the Agency or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand and agree that if I am offered employment by the Agency, my employment will be for no definite term and that either I, or the Agency will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the Agency.
- I understand, if I have direct patient contact that the Agency will perform a background check, including criminal history check, OIG exclusion list check (if applicable), and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person, the Agency will perform a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in HHS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable. I understand that a refusal to authorize the criminal background check may result in adverse employment action, such as rejection of the application or termination of employment.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired: Position: Salary:	Start Date: FT/PT/Per Visit
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Reference Request

Date: _____ Check method of gathering reference data: Verbal Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # (last 4 digits) _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature Position/Title Date

Reference Request

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Name of person giving reference: _____ Facility: _____

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3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature Position/Title Date

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check per TXH&SC 250.006. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. As required, I agree to a search of the Texas Health and Human Services Commission's OIG List of Excluded Individual/Entities, prior to being hired and monthly thereafter, the HHS - OIG Excluded Individuals/Entities Search Database and SAM Exclusion List. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253.

CRIMINAL HISTORY CHECK

I have informed this agency of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check and that I may not have face-to-face patient/client contact until results are returned. I will be notified of results.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment. I understand that all information obtained by this Agency regarding any criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Name (last, first, middle): _____

Maiden, alias, if applicable: _____

Signature of Applicant

Date

CONVICTIONS BARRING EMPLOYMENT

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- ◆ An offense under Chapter 19, Penal Code (criminal homicide);
- ◆ An offense under Chapter 20, Penal Code (kidnaping, unlawful restraint, and smuggling of persons);
- ◆ An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children) or Section 21.11, Penal Code (indecent exposure with a child);
- ◆ An offense under Section 22.011, Penal Code (sexual assault);
- ◆ An offense under Section 22.02, Penal Code (aggravated assault);
- ◆ An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- ◆ An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- ◆ An offense under Section 22.08, Penal Code (aiding suicide);
- ◆ An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- ◆ An offense under Section 25.08, Penal Code (sale or purchase of a child);
- ◆ An offense under Section 28.02, Penal Code (arson);
- ◆ An offense under Section 29.02, Penal Code (robbery);
- ◆ An offense under Section 29.03, Penal Code (aggravated robbery);
- ◆ An offense under Section 21.08, Penal Code (indecent exposure);
- ◆ An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- ◆ An offense under Section 21.15, Penal Code (improper photography or visual recording);
- ◆ An offense under Section 22.05, Penal Code (deadly conduct);
- ◆ An offense under Section 22.021, Penal Code (aggravated sexual assault);
- ◆ An offense under Section 22.07, Penal Code (terroristic threat);

- ◆ An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
 - ◆ An offense under Section 33.021, Penal Code (online solicitation of a minor);
 - ◆ An offense under Section 34.02, Penal Code (money laundering);
 - ◆ An offense under Section 35A.02, Penal Code (Medicaid fraud);
 - ◆ An offense under Section 36.06, Penal Code (obstruction or retaliation);
 - ◆ An offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
 - ◆ A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.
 - ◆ An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.
- (B) A person may not be employed in a position the duties of which involve direct contact with a patient/client in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
- ◆ An offense under Section 22.01, Penal Code (assault, that is punishable as a Class A misdemeanor or as a felony);
 - ◆ An offense under Section 30.02, Penal Code (burglary);
 - ◆ An offense under Chapter 31, Penal Code (theft) that is punishable as a felony);
 - ◆ An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
 - ◆ An offense under Section 32.46, Penal Code (securing execution of a document by deception) that is punishable as a Class A misdemeanor or a felony.
 - ◆ An offense under Section 37.12, Penal Code (false identification as a peace officer; misrepresentation of property); or
 - ◆ An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).
- (C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- ◆ Of an offense under Section 30.02, Penal Code (burglary); or
 - ◆ Under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.
- (D) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with, Article 42A.111 Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

For Agency Use Only: Criminal History, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and OIG Exclusion Lists checks completed:

Criminal History Check completed on-line Other Convictions identified on Criminal History. (Document the reason for hiring in Comments below.)

NAR EMR checked online at <https://emr.dads.state.tx.us/DadsEMRWeb/>

OIG Exclusion Lists checked at <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx> and <http://www.oig.hhs.gov/fraud/exclusions.asp>

Applicant employable Applicant not employable Comments: _____

Verified By (Employer)

Date

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	