

# EMPLOYMENT APPLICATION

PLEASE PRINT

DATE:

## PERSONAL INFORMATION

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

Last
First
Middle Initial

Have you ever used any other names or aliases?  Yes  No  
 If yes, please list: \_\_\_\_\_

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

Number
Street
APT#
City
State
Zip Code

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

Number
Street
APT#
City
State
Zip Code

Prof. Lic. #/Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you at least 18 years old?  Yes  No  
 Are you authorized to work in the US?  Yes  No  
 Were you referred for this position?  Yes  No  
 If yes, by whom were you referred? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you presently employed?  Yes  No  
 Have you ever applied with this company before?  Yes  No  
 If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

## EDUCATIONAL HISTORY

Type of School	Name & Location of School(s)	Circle Last Year Attended	Graduated (Yes or No)	Major/Degree
High School		9 10 11 12		
College or University		1 2 3 4		
Vocational/Technical School or Other		From: To:		

## GENERAL INFORMATION

List all languages proficiencies: \_\_\_\_\_

List professional certifications or licenses you possess. Indicate type of license, number, and state.  
 \_\_\_\_\_

List other skills applicable to the position for which you are applying: (For example: computer experience, typing speed, etc.)  
 \_\_\_\_\_

Can you safely and effectively carry out the essential duties of the job, with or without accommodation?  Yes  No  
 Please explain: \_\_\_\_\_

Do you have adequate means of transportation?  Yes  No Comments: \_\_\_\_\_

Have you been convicted of a crime or felony within the past 7 years?  Yes  No If Yes, give date, place, and nature of each such conviction. \_\_\_\_\_

## PERSONAL REFERENCES

Name	Phone Number	Relationship

### WORK HISTORY

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor
Date Started:	<input type="checkbox"/> Full Time      Position:	Reason For Leaving	OK to Contact
Date Ended:	<input type="checkbox"/> Part Time      Salary:		Supervisor?
	<input type="checkbox"/> Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor
Date Started:	<input type="checkbox"/> Full Time      Position:	Reason For Leaving	OK to Contact
Date Ended:	<input type="checkbox"/> Part Time      Salary:		Supervisor?
	<input type="checkbox"/> Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor
Date Started:	<input type="checkbox"/> Full Time      Position:	Reason For Leaving	OK to Contact
Date Ended:	<input type="checkbox"/> Part Time      Salary:		Supervisor?
	<input type="checkbox"/> Per Visit		<input type="checkbox"/> Yes <input type="checkbox"/> No

### CONVICTIONS BARRING EMPLOYMENT (Health and Safety Code §250.006)

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 below:

Abandoning or endangering a child	Criminal homicide	Medicaid Fraud
Aggravated assault	Cruelty to livestock animals	Money Laundering
Aggravated robbery	Cruelty to non-livestock animals	Obstruction or retaliation
Aggravated sexual assault	Deadly conduct	Online solicitation of a minor
Aggravated Promotion of Prostitution	Improper photography or visual recording	Possession or Promotion of Child Pornography
Agreement to abduct from custody	Improper relationship between educator and student	Promotion of Prostitution
Aiding suicide	Indecency with a child	Robbery
Arson	Injury to a child, elderly or disabled individual	Sale or purchase of a child
Continuous sexual abuse of young child or children	Indecent exposure	Sexual assault
Compelling Prostitution	Kidnapping and unlawful restraint	Terroristic Threat
Criminal Attempt of any offense listed as a bar	Texas Controlled Substance Act: manufacture, delivery, intent to distribute or possess or produce, distribution to a minor, illegal expenditure or investment, transfer or receipt of chemical laboratory apparatus, punishable as a felony	

\*The same bar to employment applies to a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing the elements that are substantially similar to the elements of an offense listed above; or 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 in which the duties involve direct contact with a patient in a facility before the fifth anniversary of the date the person is convicted of:

Assault punishable as a Class A misdemeanor or felony	Misapplication of fiduciary property or property of a financial institution punishable as a Class A misdemeanor or felony	Securing execution of a document by deception punishable as a Class A misdemeanor or felony
Burglary		
Disorderly conduct	False identification as a peace officer	Theft punishable as a felony

C. In addition to the prohibitions on employment prescribed in subsections (A) and (B), a nurse aide who is designated in the NAR or the EMR with a finding concerning abuse, neglect, or exploitation or mistreatment of a patient of an agency or a facility, or misappropriation of a patient's property is not employable.

**PLEASE READ CAREFULLY**

**Criminal History Checks, Nurse Aide Registry/Employee Misconduct Registry, US/Texas OIG Database:**

The Texas Department of Human Services requires background checks on all non-licensed and licensed Home Health Care personnel.

The Agency will run a criminal history check, nurse aid registry, employee misconduct registry, and US/Texas OIG Database checks on all personnel. Employment is contingent upon the results of the investigation. If hired, the US/Texas OIG Database checks will be conducted on a monthly basis, and the misconduct registry /nurse aid registry checks will be conducted annually. Employees will not be eligible to retain employment if they do not clear all the required background checks.

**Authorization:**

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any false or incomplete statement made herein may void this application and/or may result in termination.

I authorize the Agency to make any reference checks and background checks relating to my employment. I also authorize all my prior employers to provide full details concerning my past employment and any pertinent information they may have, personal or otherwise, to the Agency. I release the company from all liability for any damage that may result from utilizing such information. I understand this application and all attachments are property of the Agency and that my employment is at will, which means either my employer or I can end the employment relationship at any time. I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreements contrary to the foregoing, unless in writing and signed by an authorized company representative.

**Assistance in Completing Hire Enrollment Forms Provided By:** \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant (Print)**

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

\_\_\_\_\_  
**Date**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

***Thank you for completing this application and for your interest in our business.***

**OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

Criminal History Check:  Clear  Not Clear Date: \_\_\_\_\_ By: \_\_\_\_\_

US/TX OIG Exclusions:  Employable  Not Employable Date: \_\_\_\_\_ By: \_\_\_\_\_

Employee Misconduct Registry/Nurse Aid Registry:  Employable  Not Employable Date: \_\_\_\_\_ By: \_\_\_\_\_

Nurse Registry:  Employable  Not Employable Date: \_\_\_\_\_ By: \_\_\_\_\_

Ability:

Hired:  Yes  No Department: \_\_\_\_\_ Position: \_\_\_\_\_

Will Report To: \_\_\_\_\_ Salary: \_\_\_\_\_