

Application for Employment

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.	Desired Salary		
Position Applying for	<input type="checkbox"/> Full Time <input type="checkbox"/> Pool <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time Per Visit		Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Whenever	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, when?		
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 <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give date, place, and nature of each conviction.				
Are you presently charged with any violation of the law other than traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give date, place, and nature of each conviction.				

EDUCATION				
High School		Location		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Location		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Location		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Location		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

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, or disability.

List languages spoken other than English:

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

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WORK HISTORY			
Company Name	Complete Address including City/State/Zip		Phone Number
Reason For Leaving			Supervisor's Name
Date Started	Type of Business	Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities, and accomplishments:			
WORK HISTORY			
Company Name	Complete Address including City/State/Zip		Phone Number
Reason For Leaving			Supervisor's Name
Date Started	Type of Business	Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
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WORK HISTORY			
Company Name	Complete Address including City/State/Zip		Phone Number
Reason For Leaving			Supervisor's Name
Date Started	Type of Business	Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities, and accomplishments:			

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

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PERSONAL REFERENCES		
Last Name	First	Relationship
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Last Name	First	Relationship
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Last Name	First	Relationship
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	

Please review and sign

In completing this 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 facility 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 facility 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 that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I or the facility 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 facility.
- I understand the agency will perform a criminal history check per State Regulations.

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	Position: _____	<input type="checkbox"/> References Checked	Start Date: _____
If Hired Salary: _____		FT/PT/Per Visit	

Application for Employment

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 # _____ 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 _____.

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

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Signature Position/Title Date

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Applicant Release

Applicant _____
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Position Held _____

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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

Application for Employment

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 if I have been employed on an emergency basis that my employment is temporary pending the results of the criminal history check.

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 (kidnapping and unlawful restraint);
 - ◊ An offense under Chapter 21.02, Penal Code (continuous sexual abuse of a young child or children);
 - ◊ An offense under Chapter 21.08, Penal Code (indecent exposure);
 - ◊ An offense under Chapter 21.11, Penal Code (indecency with a child);
 - ◊ An offense under Chapter 21.12, Penal Code (improper relationship between educator and student);
 - ◊ An offense under Chapter 21.15, Penal Code (improper photography or visual recording);
 - ◊ An offense under Chapter 22.011, Penal Code (sexual assault);
 - ◊ An offense under Chapter 22.02, Penal Code (aggravated assault);
 - ◊ An offense under Chapter 22.021, Penal Code (aggravated sexual assault);
 - ◊ An offense under Chapter 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);
 - ◊ An offense under Chapter 22.041, Penal Code (abandoning or endangering a child);
 - ◊ An offense under Chapter 22.05, Penal Code (deadly conduct);
 - ◊ An offense under Chapter 22.07, Penal Code (terroristic threat);
 - ◊ An offense under Chapter 22.08, Penal Code (aiding suicide);
 - ◊ An offense under Chapter 25.031, Penal Code (agreement to abduct from custody);
 - ◊ An offense under Chapter 25.08, Penal Code (sale or purchase of a child);
 - ◊ An offense under Chapter 28.02, Penal Code (arson);
 - ◊ An offense under Chapter 29.08, Penal Code (robbery);
 - ◊ An offense under Chapter 29.03, Penal Code (aggravated robbery);
 - ◊ An offense under Chapter 33.021, Penal Code (online solicitation of a minor);
 - ◊ An offense under Chapter 34.02, Penal Code (money laundering);
 - ◊ An offense under Chapter 35A.02, Penal Code (Medicaid fraud);
 - ◊ An offense under Chapter 42.09, Penal Code (cruelty to animals);
 - ◊ 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 the subsection.
 - ◊ An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves
- (B) A person may also be barred from employment the duties of which involve direct contract with a client in a facility if convicted of any of the following crimes within the past 5 years:
- ◊ An offense under Section 22.01, Penal Code (assault 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 punishable as a Class A misdemeanor or a felony).
 - ◊ An offense under Section 37.12, Penal Code (false identification as a peace officer); 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) In addition to the prohibitions on employment prescribed in Subsections (A), (B), and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(I) and §94.11(c) (d) and is listed on the NAR or EMR stating a finding of abuse, neglect or misappropriation will not be recertified therefore, is unemployable.
- (E) 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 Section 5(c), Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.
- 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.

Applicant Signature

Date

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

- | | |
|---|---|
| <input type="checkbox"/> Criminal History Check completed on-line | <input type="checkbox"/> NAR checked by telephone – (800)452-3934 |
| <input type="checkbox"/> EMR checked by telephone - (800)452-3934 | <input type="checkbox"/> Applicant <u>NOT</u> employable |
| <input type="checkbox"/> Applicant employable | |

Verified By

Date

Time