

Application for Employment

We are an equal opportunity employer and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Area you would like to work in		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		Referral Source <input type="checkbox"/> Our Web Site <input type="checkbox"/> Other Job Board: <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee:	
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"/> If applying for field staff, do you have state required auto insurance YES <input type="checkbox"/> NO <input type="checkbox"/> TX Driver License Number					
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.					
In Case of Emergency, Contact:				Number:	
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	Starting Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time	Ending Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE: Describe your 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	Starting Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time	Ending Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE: Describe your 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	Starting Salary	OK to Contact Supervisor?
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time	Ending Salary	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE: Describe your responsibilities, and accomplishments:			

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

PERSONAL REFERENCES		
Last Name	First	Relationship
Phone	E-mail Address	
Last Name	First	Relationship
Phone	E-mail Address	
Last Name	First	Relationship
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.

- **NAR / EMR:** I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per state regulations as well as 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 DADS-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 Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by informal reconsideration and a formal hearing before the finding is placed on the registry; 2) all DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire and throughout my employment 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 this may be re-checked annually as well.

- **Reference Checks:** By signing this application, I hereby release from all liability to the company or person completing the reference checks, 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.

- **Investigation:** I understand the agency will perform a criminal history check in accordance with State Regulations. 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 accept that if I am employed, this is a condition of employment and my criminal history may be reviewed annually.

- **Employability:** I understand should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employments of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is employment at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

- **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's Signature

Date

For Office Use Only

References Checked

If Hired Salary:

Position:

FT/PT/Per Visit:

Start Date:

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Full Name: _____	Previous Last Name(s)/Alias(es): _____
Full Social Security Number: _____	Date of Birth (m/d/yyyy) _____

Statement of Employability - Criminal History Check – HR USE ONLY!

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. 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. 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 in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253. 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 (indecentcy 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 29.02, 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 36.06, Penal Code (obstruction or retaliation);
- ◊ An offense under Chapter 42.09, Penal Code (cruelty to animals);
- ◊ An offense under Chapter 42.09, Penal Code (cruelty to livestock animals);
- ◊ An offense under Chapter 42.092, Penal Code (cruelty to non-livestock 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 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"/> EMR checked (800)452-3934	<input type="checkbox"/> NAR checked (800)452-3934	
<input type="checkbox"/> Applicant employable	<input type="checkbox"/> Applicant NOT employable		

_____	_____	_____
Verified By	Date	Time