

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: _____

Position Applying For: _____ Full Time Part Time Part Time Per Visit Pool
Shift: Day Night 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

High School Name: _____ **Location:** _____

Last year attended: 9 10 11 12 Graduated: Yes No Received Diploma: Yes No

College Name: _____ **Location:** _____

Last year attended: 1 2 3 4 Graduated: Yes No Degree: _____

College Name: _____ **Location:** _____

Last year attended: 1 2 3 4 Graduated: Yes No Degree: _____

Other School Name: _____ **Location:** _____

From: _____ To: _____ Graduated: Yes No Degree: _____

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

Name: _____

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:

List 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

Name: _____

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: _____ Supervisor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date Started: _____ Date Left: _____ Type of Business: _____

Full Time Part Time Per Visit Reason for leaving: _____

Ok to contact supervisor? Yes No

Describe your job title: _____

Responsibilities: _____

Accomplishments: _____

Company Name: _____ Supervisor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date Started: _____ Date Left: _____ Type of Business: _____

Full Time Part Time Per Visit Reason for leaving: _____

Ok to contact supervisor? Yes No

Describe your job title, responsibilities and accomplishments: _____

Company Name: _____ Supervisor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date Started: _____ Date Left: _____ Type of Business: _____

Full Time Part Time Per Visit Reason for leaving: _____

Ok to contact supervisor? Yes No

Describe your job title, responsibilities and accomplishments: _____

Personal References:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Out of state contact, if possible :

Name: _____ Phone: _____ Relationship: _____

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:

Interview(s) References Checked

If Hired: Position: _____ Salary: _____

Start Date: _____ FT PT Per Visit