

Application for Employment

It is this agency's policy to provide equal employment opportunities with respect to race, color, religion, national origin, sex, disability, or genetic information.

Applicant Name: _____ Email Address: _____

Present Address
City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Social Security Number: _____ Are You at Least 18 Years Old? Yes No

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

Salary Requirements: _____ Date Available _____
 If you are not a US Citizen, do you have the legal right to remain permanently in the US? Yes No

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

Have you 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 No If Yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? Yes No If Yes, give date, place and nature of each such conviction.

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, national origin, sex, disability, or genetic information.

List languages spoken other than English:

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

NAME _____

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

Describe your job title, responsibilities and accomplishments

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

Describe your job title, responsibilities and accomplishments

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

Describe your job title, responsibilities and accomplishments

NAME _____

PERSONAL REFERENCES: (Name, Phone, Relationship) _____

In case of an emergency notify _____

Relationship _____

Out of state contact, if possible _____

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 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, if I am an unlicensed person and if I have direct patient contact that the Agency will perform a background check, including criminal history check, OIG exclusion list check, 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.

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"/> 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 # _____ 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

HCL / Reference Check
Org. 110100

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Please attach any additional comments.

Signature Position/Title Date

EMPLOYEE ACKNOWLEDGMENT

Confidentiality: The Agency maintains confidentiality of operations, activities, and business affairs of the Agency and the patients/clients according to 1996, Health Information Portability and Accountability Act (HIPAA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on patients/clients and staff members. The health care professional safeguards the patient's/client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient/client information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, s/he should consult with his/her supervisor.

Drug Testing Policy: The Agency maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Company paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment. I acknowledge I have received a copy of the agency's policy on drug testing.

Harassment Policy: This agency is committed to providing a work environment, that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

Non Solicitation/Illegal Remuneration: The Agency does not reimburse or provide incentives to physicians, durable equipment providers, family or other referral entities for patient/client referrals for home health services. Employees may not solicit patients/clients for the agency. Employees found in violation of this non-solicitation policy will be subject to discipline up to and including termination of employment.

Non-Discrimination: The Agency does not discriminate against employees based on race, color, religion, national origin, sex, disability, or genetic information and complies with federal and state laws and regulations. The employee may file a report of a grievance, or complaint regarding discrimination with the Office of Civil Rights within 180 days of when the employee knew of the situation.

Non-Discrimination: The Agency does not discriminate in patient/client provision of services with respect to race, color, national origin, age, sex, disability, marital status, religion, or source of payment according to Title VI of the Civil Rights Act.

Abuse, Neglect, and Exploitation: Agency employees will report suspected abuse, neglect and/or exploitation to the Texas Department of Family and Protective Services, Texas Health and Human Services, and Agency management. Agency employees suspected of abuse, neglect, or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

Workers' Compensation: The Agency is a:

Non-subscriber to workers' compensation insurance

Subscriber to workers' compensation insurance

An employee who incurs an injury on the job that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room. Emergency medical treatment (non life threatening) or non-emergency treatment should be referred to the agency's designated clinic. Notify the agency of an injury within 24 hours to complete paperwork. Medical expenses for injuries are covered with the exception of the following: employee's willful intent to hurt self or others, intoxication or drug use, horseplay, acts of God, and/or acts of a third party.

Progressive Discipline Policy: Agency utilizes a progressive discipline process in cases of misconduct or unacceptable performance. This includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employee's past record and other circumstances.

Agency Policies: I acknowledge that I have read, understand, and will comply with all applicable agency policies and guidelines.

Employee: _____ **Date:** _____