

HOME-AID CAREGIVERS LTD.

Application for Employment

It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

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, have you 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 age, race, color, religion, military status, gender preference, sex, marital status, 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: _____

In case of an emergency notify _____ Relationship _____

Out of state contact, if possible _____ Relationship _____

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"/> Per Visit <input type="checkbox"/> Part Time	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 Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe your job title, responsibilities and accomplishments

NAME: _____

PERSONAL REFERENCES: (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 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 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 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 DADS-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: FT/PT/Per Visit	Start Date:
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STATEMENT OF EMPLOYABILITY

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 as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253.

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 my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact until results are returned. I will be notified of results.

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 (kidnaping and unlawful restraint);
 - ◆ An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
 - ◆ An offense under Section 21.08, Penal Code (indecent exposure);
 - ◆ An offense under Section 21.11, Penal Code (indecent with a child);
 - ◆ An offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - ◆ An offense under Section 21.15, Penal Code (improper photography or visual recording);
 - ◆ An offense under Section 22.011, Penal Code (sexual assault);
 - ◆ An offense under Section 22.02, Penal Code (aggravated assault);
 - ◆ An offense under Section 22.021, Penal Code (aggravated sexual assault);
 - ◆ An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);
 - ◆ An offense under Section 22.041, Penal Code (abandoning or endangering a child);
 - ◆ An offense under Section 22.05, Penal Code (deadly conduct);
 - ◆ An offense under Section 22.07, Penal Code (terroristic threat);
 - ◆ An offense under Section 22.08, Penal Code (aiding suicide);
 - ◆ An offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - ◆ An offense under Section 25.08, Penal Code (sale or purchase of a child);
 - ◆ An offense under Section 28.02, Penal Code (arson);
 - ◆ An offense under Section 29.02, Penal Code (robbery);
 - ◆ An offense under Section 29.03, Penal Code (aggravated robbery);
 - ◆ An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
 - ◆ An offense under Section 33.021, Penal Code (online solicitation of a minor);
 - ◆ An offense under Section 34.02, Penal Code (money laundering);
 - ◆ An offense under Section 35A.02, Penal Code (Medicaid fraud);
 - ◆ An offense under Section 36.06, Penal Code (obstruction or retaliation);
 - ◆ An offense under Section 42.09, Penal Code (cruelty to livestock animals);
 - ◆ An offense under Section 42.092, Penal Code (cruelty to nonlivestock 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 this 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 contact 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) 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.

Signature of Applicant

Date

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

Criminal History Check completed on-line Other Convictions identified on Criminal History. (Document reason hiring in Comments below)

NAR EMR checked online at <https://emr.dads.state.tx.us/DadsEMRWeb/>

Applicant employable Applicant not employable Comments: _____

Verified By

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Home-Aid Caregivers, LLC - 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

HOME-AID CAREGIVERS, LLC

Employment Date Record Voluntary Survey

Home Aid Caregivers, LLC is dedicated to providing equal employment opportunity to all qualified employees and applicants without regard to race, color national origin, religion, marital or veteran status, disability or medical condition, gender or age.

The importance and purpose of this date record is to enable the company to comply with various federal and state reporting and record keeping requirements. The completion of this Data Record is optional. If you choose to volunteer the requested Information please note that all such data is considered "confidential" and is not part of your employment application nor does it become a part of your individual personnel file. YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SS# _____ MALE _____ FEMALE _____

JOB/POSITION _____ BIRTH DATE _____

EMPLOYMENT OR REHIRE EFFECTIVE DATE _____

PLEASE CHECK ONE OF THE FOLLOWING:

WHITE _____ HISPANIC _____ AMERICAN INDIAN/ALASKAN NATIVE _____
BLACK _____ ASIAN/PACIFIC ISLANDER _____ OTHER _____

PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN _____ DISABLED VETERAN _____

APPLICANT QUESTIONNAIRE

1. How did you hear about us?
2. What is your personality? (Talkative, Quiet)
3. Do you cook? If so, tell me what you normally cook.
4. What are your hobbies/interests?
5. Are you afraid of cats, dogs or birds?
Yes No
6. Are you willing and able to help incontinent clients?
Yes No
7. Do you have an automobile? Yes No

Do you have auto insurance in you name? Yes No

Do you smoke? Yes No

Will you take care of a smoker? Yes No