

Allied Home Health Agency

Application for Employment

It is this facilities policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability

Applicant Name: _____ DOB: _____

Present Address

City/State/Zip: _____

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

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

Salary Requirements: _____ 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 offences) and/or released from confinement following a conviction for any criminal offence 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.

Education 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, sex, national origin or disability.

Languages spoken other than English:

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

In case of emergency notify:

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) _____

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 to all material terms and is signed by me and the Administrator of the facility.

- I understand, if I am unlicensed person who has direct patient contact, that the agency will perform and 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 institution attend 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	References	If Hired:	Position:	Start Date:
	<input type="checkbox"/> Checked	Salary:	FT/PT/Per Visit	

Allied Home Health Agency – 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)

Application Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Date Employed _____ 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

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 and search the Nurse Aide Registry and the Employee Misconduct Registry to determine if I have a criminal conviction or have committed conduct that will bar me from employment with this Agency.

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 I have been employed on an emergency basis and that my employment is temporary pending the results of the criminal 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 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 (indecenty 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 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 42.08, Penal Code (cruelty to 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 Age3ncy determines to be contraindicated to employment with the consumers the Agency serves
(B) A person may also be barred from employment if convicted of any of the following crimes within the past 5 years (applicable only to those hired after September 1, 2007, unless otherwise noted)
- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony) [applicable to those hired on or after September 1, 2003]
- An offense under Section 30.02, Penal Code (burglary) [applicable to those hired on or after September 1, 200]
- An offense under Chapter 31, Penal Code (theft that is punishable as a felony) [applicable to those hired on or after September 1, 2001]
- 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 [applicable to those hired on or after September 1, 2003], 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) [applicable to those hired on or after September 1, 2003]
- 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 the purpose of this section, a personal 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 or discharge in accordance with Section 5©, 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: Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) Check

- EMR checked by telephone: (800-452-3934)
NAR checked by telephone (800-452-3934)
Applicant employable
Applicant not employable

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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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 _____	NO _____	_____ initial
Purpose of CCH:	_____	
Hired: _____	Not Hired _____	_____ initial
Date Printed:	____/____/____	_____ initial
Destroyed Date:	____/____/____	_____ initial
Retain in your files		