

Application for Employment

It is the 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:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Social Security #: _____ **Date Available:** _____

Position Applying for: _____ **Frequency:** Full Time Part Time PRN

Salary Requirements: _____ **Shift:** Day Night Evening Weekend

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 violations? Yes No

If yes, please give date, place and nature of such conviction: _____

Educational History

Type of School	Name & Location	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 any 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 other languages spoken other than English: _____

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

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

<u>Company Name</u>	<u>Complete Address</u>	<u>Phone Number</u>	<u>Supervisor's name</u>
Date Started: _____ Date Left: _____		Salary: _____	Ok to contact Supervisor?
Type of Business: _____		Full Time Part Time PRN	Yes No
Describe your job title, responsibilities and accomplishments:			

<u>Company Name</u>	<u>Complete Address</u>	<u>Phone Number</u>	<u>Supervisor's name</u>
Date Started: _____ Date Left: _____		Salary: _____	Ok to contact Supervisor?
Type of Business: _____		Full Time Part Time PRN	Yes No
Describe your job title, responsibilities and accomplishments:			

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Date Started: _____ Date Left: _____		Salary: _____	Ok to contact Supervisor?
Type of Business: _____		Full Time Part Time PRN	Yes No
Describe your job title, responsibilities and accomplishments:			

Personal References: (Name, Phone, Relationship)

In case of Emergency Notify: _____ **Phone:** _____ **Relationship:** _____

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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: _____

References Checked Yes No		Office Use only:		
		If Hired:	Salary: _____	Position: _____
Start Date: _____				

Envoy Hospice Reference Request

Date: _____ Method of gathering data: Verbal Mail Fax

Facility: _____

The individual 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 your prompt and thoughtful response.

Thank you very much! Vickie Gorgas Business Office Mgr.

Applicant: _____ Maiden _____

Position Held: _____ Social Security: _____

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: _____

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

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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. 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.

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 or have access to patient records 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 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 42.09, Penal Code (cruelty to animals);
- ◆ 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 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 by Subsections (A), (B) and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(l) 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.

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, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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: _____		
Empl ___	Vol/Contractor ___	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		