

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:			

<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:			

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: _____

		Office Use only:	
References Checked	If Hired:	Salary: _____	Position: _____ FT / PT / PRN
Yes No			
		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 in advance, Vickie Gorgas Business Office Manager

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

STATEMENT OF EMPLOYABILITY

Applicant Name _____

Application Date _____

By execution of this document, I _____, hereby acknowledge that I have been informed by Envoy Hospice that a criminal history check will be performed on my name(s). I also understand that the Public Sex Offender Registry will be checked for any wrongdoing and that if I am listed on the Public Sex Offender Registry, I cannot be employed. I also understand that if I am an unlicensed applicant who has face-to-face contact with agency clients/patients that the agency will search the EMR and the NAR and if I am listed as unemployable in either registry then I cannot be employed by the agency.

I have informed the agency of all names (i.e., maiden name, aliases) that I have used in the past.

Information required to run criminal checks:		
Date of Birth _____	Social Security # _____	
List all names you have ever used (i.e. maiden, aliases, etc.)		
First	Middle	Last
_____	_____	_____
_____	_____	_____
_____	_____	_____
*attach list if necessary		

I have not been convicted of the following crimes:

- 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 young child or children)
- An offense under Section 21.11, Penal Code (indecenty with a child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault)
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- 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 21.08, Penal Code (indecent exposure);
- 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 22.05, Penal Code (deadly conduct);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.07, Penal Code (terroristic threat);
- 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 non-livestock animals)

I also have not been convicted 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 above.

I have not been convicted in the last five years of an offense under:

- Section 22.01, Penal Code (assault) punishable as a Class A misdemeanor or as a felony;
- Section 30.02, Penal Code (burglary);
- Chapter 31, Penal Code, (theft) punishable as a felony;
- Section 32.45, Penal Code (misapplication of fiduciary property of a financial institution) punishable as a Class A misdemeanor or felony;
- Section 32.46, Penal Code (securing execution of a document by deception) punishable as a Class A misdemeanor or felony.
- An offense under Section 37.12, Penal Code (false identification as peace officer);
- An offense under Section 42.01(a) (7), 42.01(a) (8) or 42.01(a) (9), Penal Code (disorderly conduct);

I acknowledge that if my criminal check indicates I have been convicted of any other offense(s), that these offenses may also bar my employment.

I have / have not (circle one) had any other convictions.

I understand that all information obtained by this Agency regarding any criminal history will remain confidential. I certify that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date signed