

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 **Date of Birth:** _____

Full time Part time per visit Shift: Day Night

Position applying for: _____ Part time Pool Evening Weekends

If you are not a US Citizen, have you the legal right

Salary Requirements: _____ Date Available: _____ 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 or 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, please 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 fell 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: _____ Phone: _____ Relationship: _____

Out of State contact, if possible: _____ Phone: _____ Relationship: _____

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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 \$ _____ Hourly\$ _____	Reason for leaving: Ok to contact supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: <hr/> <hr/> <hr/>			
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 \$ _____ Hourly\$ _____	Reason for leaving: Ok to contact supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: <hr/> <hr/> <hr/>			
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 \$ _____ Hourly\$ _____	Reason for leaving: Ok to contact supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: <hr/> <hr/> <hr/>			

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Name: _____

Personal References: (Name, Phone and Relationship)

Please review and sign:

In making application for employment:

- certify that the information in this application is true and complete for all practical purposes. It may be verified by the agency 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 regulates 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 authorize the Registrar/Placement Officer 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 and my license history.

Applicant Signature: _____ Date: _____

For Office Use Only	References checked _____	If Hired: Position _____	Start Date: _____
		Salary \$ _____ FT / PT / Per Visit	

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CRIMINAL HISTORY/EMR/NAR INFORMATION

INTRODUCTION

Chapter 250 of the Health and Safety Code, Nurse Aide Registry and Criminal History Checks of employees and applicants for employment in certain facilities serving the elderly or persons with disabilities, was enacted in 1993. From 1995 through 2003, the statute was amended several times. The information in this memorandum is provided as an update on issues and common questions related to the requirement to perform criminal history checks and related checks of the EMR/NAR on job applicants and employees. Chapter 250 is available online at : <http://tlo2.tlc.state.tx.us/statutes/statutes.html>

Chapter 250 requires certain long-term care facilities and home and community support services agencies (HCSSA's) to verify the employability of individuals by conducting a criminal history record check. Facilities and providers are authorized by chapter 250 (through an amendment in 2001) to obtain criminal history record information directly for the Texas Department of Public Safety (DPS). Chapter 250 also allows the option of using a private agency to obtain DPS crime record information. A search of the DPS crime record database satisfies the minimum requirement under Chapter 250 for a criminal history check on job applicants and employees. Private agencies may offer search possibilities that exceed the minimum requirement, such as obtaining out-of-state crime record information, which is ordinarily not contained in DPS' databases.

All long-term care facilities and home health agencies (HCSSA's) licensed by the Texas Department of Aging and Disability Services (DADS) are also required to check the EMR and NAR to determine the employability of job applicants. The EMR was enacted into law in 1999 in Chapter 253 of the Health and Safety Code, with additional references in Chapter 48 of the Human Resources Code.

I, _____, have read the above information, have had any and all questions regarding this answered to my satisfaction and understand the regulation. A copy of this information has been made available to me with my application for employment.

Applicant Signature

Date

Agency Representative Witness