## Professional Home Health 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 Nam	ne:					
Present Addres City/State/Zip:						
Home Phone:			Mobile/Cell	Phone:		
Social Security	Number:		Are you at l	east 18 years	old? ☐ Yes	□No
Position Applying For:		☐ Full Time ☐ Part Time	☐ Part Time Per Visit Shift: ☐ Pool		☐ Day ☐ Night ☐ Evening ☐ W/E	
Salary Require	ements: Date Available	•	ou are not a US Citizen, al right to remain perma	•	US? Yes	□ No
Do you have a working hours	dequate means of transportation to ge	t to work on time	e each day and when call	ed in on short	t notice during no	rmal
	a convicted of a crime (excluding miss any criminal offense within the past 7					
	ntly charged with any violation of the each such conviction:	law other than tra	affic violation?   Yes	□ No If <b>Ye</b>	s, please give date	e, place,
		Educational	History			
Type of School	Name & Location	on of School	-	Circle Last ar Attended	Graduated	Degree
High School						
College						
College						
Other						
List profession	al licenses you possess. Indicate type	e of license, numl	ber, and state of issue:			
	perships in professional organizations, ald indicate age, race, color, religion, r					
List languages	spoken other than English:					
List other skill	s applicable to the position for which	you are applying	, including computer ex	perience, typi	ng speed, etc:	
In case of an en	mergency notify (name/phone):			D	Relationship	
	mergency notify (numer phone).			IN.		
Out of state co	ntact, if possible (name/phone):				Relationship	

Name:			
	Work History		
Attach an additional sheet list insufficient.	ing other work experience pertinent to the position for which	1 you are applying if	the space below is
Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started:  Date Left:	Type of Business: Salary:    Full Time   Part Time   Per Visit	Reason for Leaving:	OK to Contact Supervisor?  Yes No
Describe your job title, respon	nsibilities and accomplishments:		
			T
Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary:  ☐ Full Time ☐ Part Time ☐ Per Visit	Reason for Leaving:	OK to Contact Supervisor?  Yes No
Describe your job title, respon	nsibilities and accomplishments:		
			1
Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started:	Type of Business: Salary:	Reason for Leaving:	OK to Contact Supervisor?
Date Left:	☐ Full Time ☐ Part Time ☐ Per Visit		Yes No
Describe your job title, respon	nsibilities and accomplishments:		

Name:					
PERSONAL REFERENCES (Name, Phone, Relationship):					
1)					
2)					
3)					
Other 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 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 agency 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 agency, my employment will be for no definite term and that either I, or the agency, 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 agency.	;				
• 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 is a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request bot 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.	h				
• I understand that, per agency policy, Criminal History Checks will be performed on all applicants prior to hiring and annually, thereafter.					
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 Checked If Hired: Position: Start Date: Salary: Full Time Per Visit					