

# Application for Employment

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date available? \_\_\_\_\_

Full-Time     Part-Time     PRN/Per Diem    Are you willing to work hours other than 8-5?     Yes     No

What days are you unable to work? \_\_\_\_\_

Are you willing to travel?  Yes     No If yes, what percent of time? \_\_\_\_\_

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?     Yes     No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

**EDUCATION:** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED?     Yes     No

If yes, name/ location of high school or GED institute: \_\_\_\_\_

Type of School	Name and Location	Dates Attended	Date Graduated	Degree Type
Undergraduate College or University				
Graduate School				
Technical or Vocational School				

## AN EQUAL OPPORTUNITY EMPLOYER

### LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issues	Date Expires	Issued by:	License #:

# Application for Employment

**SKILLS:**

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

---

---

---

---

Do you speak a language other than English?  Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_

Do you use sign language?  Yes  No

Have you ever been employed by this company?  Yes  No

Do you have any relatives employed by this company? Name and relationship: \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran?  Yes  No If yes, list type of discharge: \_\_\_\_\_

Dates of Service (From/To): \_\_\_\_\_

**REFERENCES**

Name three persons (not related) who have knowledge of your professional qualifications and whom we have permission to contact. Preferably persons under whom you have worked.

Name	Title/Occupation	Where Employed	Contact

# Application for Employment

## AN EQUAL OPPORTUNITY EMPLOYER

### EMPLOYMENT HISTORY

List All Employment Since Graduation (Present Or Most Recent Position First)

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds the employer to terminate my employment without notice. I authorize my previous employers, schools or persons named as reference to give any information regarding my employment together with information they may have regarding me, whether or not it is on their records. I agree that the named company and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby release said employers, schools or persons from all liability for any damages whatsoever for issuing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Statement Of Employability

By execution of this document, I acknowledge that I have been informed by \_\_\_\_\_ and agree that \_\_\_\_\_ will conduct a State of Texas criminal history check, search the Nurse Aide Registry (NAR), and search the Employee Misconduct Registry (EMR) per the Texas Administrative Code §93.3, Chapter 250 of the Health and Safety Code, Nurse Aid Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities, Persons with Terminal Illnesses, and Chapter 253, of the Texas Health and Safety Code, Employee Misconduct Registry. I understand that I am not employable if I am listed in the Employee Misconduct Registry or if I have a criminal conviction or offense that bars me from employment with this Agency. I have been informed that the Agency will also conduct a search of the NAR and the EMR on an annual basis.

## Background Checks

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 verification on the Nurse Aide Registry and the Employee Misconduct Registry. I understand that I may not have patient contact until all results are concluded.

## CONVICTIONS BARRING EMPLOYMENT Health and Safety Code §250.006

### 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 below:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
- An offense under Chapter 21.02, Penal Code (continuous sexual abuse of young child or children);
- 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 22.011, 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 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 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
- 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 nonlivestock animals);
- 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; or
- An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.

### B. A person may not be employed in a position in which the duties involve direct contact with a patient in a facility before the fifth anniversary of the date the person is convicted of:

## *Statement Of Employability*

- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or felony);
- An offense under Section 30.02, Penal Code (burglary);
- An offense under Chapter 31, Penal Code (theft punishable as a felony);
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution punishable as a Class A misdemeanor or felony);
- An offense under 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 a peace officer); misrepresentation of property; 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 prescribed by Subsections (A), (B) and (C), a nurse aide who is designated in the NAR or the EMR with a finding concerning abuse, neglect, or exploitation or mistreatment of a patient of an agency or a facility, or misappropriation of a patient's property is not employable.**

**E. I understand that if I have been placed on deferred adjudication community supervision for an offense listed in the section above, and successfully complete the period of deferred adjudication community supervision, and receive a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedure, I am not considered convicted of the offense.**

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may 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/Unlicensed Contractor/Employee

Date

---

**FOR AGENCY USE ONLY:**

**Texas and Safety Code §253.008. Verification of Employability: Employee Misconduct Registry (EMR); Nurse Aide Registry (NAR)**

**EMR/ NAR checked by using DADS' Employability Status Search website at:**

<https://emr.dads.state.tx.us/DadsEMRWeb/>

Applicant/employee/Unlicensed Contractor **is** employable

Applicant/employee/Unlicensed Contractor **is not** employable

**Criminal History Check completed by one of the following methods: Electronically, disk or by typewritten form submitted to the Department of Public Safety (DPS) for unlicensed applicant/employee with face to face contact with patient.**

Applicant / employee has no offense(s) and **is employable**

Applicant/employee has offense(s) which bar employment and **is not employable**

Applicant/employee has offense(s) which does not bar employment; offense(s) reviewed and determined to contradict employment and **is not employable**

Applicant/employee has offense(s) which does not bar employment; Offense(s) reviewed and determined not to be a contradiction to employment and **is employable**

---

Verified by

Date