



APPLICANT INFORMATION AND INTERVIEWS

APPLICANT TO FILL IN INFORMATION IN THIS BOX ONLY

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ TEXAS DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PROFESSIONAL LICENSE # \_\_\_\_\_

FOR OFFICE USE ONLY

DATE	NOTES
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____

_____	_____
APPLICANT'S LAST NAME, FIRST, MIDDLE	SOCIAL SECURITY NUMBER



**TODAY'S DATE:**

**APPLICATION FOR EMPLOYMENT WITH HOUSE CALLS HOME HEALTH**

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, or marital status.

**EMPLOYMENT DESIRED**

POSITION | DATE YOU CAN START

ARE YOU EMPLOYED NOW? YES NO | IF SO, WE MAY CONTACT YOUR PRESENT EMPLOYER

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO | WHEN?

**PERSONAL INFORMATION**

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER | HOME TELEPHONE NUMBER | REFERRED BY

**EDUCATION**

HIGH SCHOOL ATTENDED AND LOCATION | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? YES NO

COLLEGE ATTENDED AND LOCATION | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? DEGREE YES NO

NURSING, CNA, OR OTHER PROGRAM ATTENDED | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? DEGREE YES NO

**GENERAL**

SPECIAL COURSES OR TRAINING INCLUDING MILITARY TRAINING

EXPERIENCE/SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

**EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST)**

List all jobs and activities including military service, schools, part time employment while in school, self-employment and periods of unemployment. Begin with most recent. Use additional plain paper sheets if necessary. DO NOT REFERENCE A RESUME.

PRESENT OR MOST RECENT EMPLOYER | ADDRESS (Number, Street, City, State, Zip Code)

PHONE | TYPE OF BUSINESS | YOUR POSITION

DUTIES

NAME AND POSITION OF IMMEDIATE SUPERVISOR

DATE EMPLOYED (Day, Month, Year) | DATE LEFT (Day, Month, Year) | STARTING SALARY | FINAL SALARY

REASON FOR LEAVING

NEXT MOST RECENT EMPLOYER		ADDRESS (Number, Street, City, State, Zip Code)
PHONE	TYPE OF BUSINESS	YOUR POSITION
DUTIES		

NAME AND POSITION OF IMMEDIATE SUPERVISOR

DATE EMPLOYED (Day, Month, Year)	DATE LEFT (Day, Month, Year)	STARTING SALARY	FINAL SALARY
REASON FOR LEAVING			

NEXT MOST RECENT EMPLOYER		ADDRESS (Number, Street, City, State, Zip Code)
PHONE	TYPE OF BUSINESS	YOUR POSITION
DUTIES		

NAME AND POSITION OF IMMEDIATE SUPERVISOR

DATE EMPLOYED (Day, Month, Year)	DATE LEFT (Day, Month, Year)	STARTING SALARY	FINAL SALARY
REASON FOR LEAVING			

**APPLICANT'S CERTIFICATION AGREEMENT**

- I authorize the investigation by House Calls Home Health (Company) of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Company from all liability that might result from making the investigation.
- I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, and that my at-will status can only be altered by an express written agreement signed by myself and an officer of the Company with concurrence of the Board of Directors.***
- I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



218 WEST COOMBS STREET, ALVIN, TEXAS 77511  
PHONE 281-331-1516 FAX 281-331-1685

**CONSENT FORM  
AUTHORIZING FORMER or PRESENT EMPLOYER TO RELEASE  
EMPLOYMENT INFORMATION TO HOUSE CALLS HOME HEALTH**

**Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Previous Employer's Name:** \_\_\_\_\_

**Previous Employer's Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Previous Employer's Phone #:** \_\_\_\_\_ **Dates of employment: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Your Job Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

I hereby authorize you to submit to *House Calls Home Health* any information requested regarding my work performance while an employee of your firm and hereby unconditionally release you, your company and *House Calls Home Health* from all liability for any damage whatsoever which might result from furnishing the information.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PREVIOUS EMPLOYER'S USE ONLY**

Please confirm this individual's former (or present) employment with your company:

1. Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_
2. Job title or position: \_\_\_\_\_
3. What was your relationship to this individual? Supervisor \_\_\_ Human Resources \_\_\_ Co-worker \_\_\_
4. Reason for leaving: \_\_\_\_\_
5. Eligible for rehire: Yes \_\_\_ No \_\_\_ Wage at termination: \_\_\_\_\_

6. Please evaluate the following:

	<u>SATISFACTORY</u>	
	YES	NO
QUALITY OF WORK PERFORMED	___	___
ABILITY TO GET ALONG WITH CO-WORKERS	___	___
ABILITY TO GET ALONG WITH SUPERIORS	___	___
ABILITY TO WORK INDEPENDENTLY	___	___
WAS TRUSTWORTHY	___	___
ABILITY TO LEARN NEW SKILLS	___	___

**Did this employee ever have problems with:**

EXCESSIVE ABSENTEEISM: YES \_\_\_ NO \_\_\_  
PERSONALITY CONFLICTS: YES \_\_\_ NO \_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Position \_\_\_\_\_

PLEASE RETURN THIS FORM BY MAIL OR FAX TO 281-331-1685

Thank you for your assistance. All responses will remain confidential.



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**Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Previous Employer's Name:** \_\_\_\_\_

**Previous Employer's Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Previous Employer's Phone #:** \_\_\_\_\_ **Dates of employment: From** \_\_\_\_\_ **to** \_\_\_\_\_

**Your Job Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

I hereby authorize you to submit to *House Calls Home Health* any information requested regarding my work performance while an employee of your firm and hereby unconditionally release you, your company and *House Calls Home Health* from all liability for any damage whatsoever which might result from furnishing the information.

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1. Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_
2. Job title or position: \_\_\_\_\_
3. What was your relationship to this individual? Supervisor \_\_\_ Human Resources \_\_\_ Co-worker \_\_\_
4. Reason for leaving: \_\_\_\_\_
5. Eligible for rehire: Yes \_\_\_ No \_\_\_ Wage at termination: \_\_\_\_\_

6. Please evaluate the following:

	<u>SATISFACTORY</u>	
	YES	NO
QUALITY OF WORK PERFORMED	___	___
ABILITY TO GET ALONG WITH CO-WORKERS	___	___
ABILITY TO GET ALONG WITH SUPERIORS	___	___
ABILITY TO WORK INDEPENDENTLY	___	___
WAS TRUSTWORTHY	___	___
ABILITY TO LEARN NEW SKILLS	___	___

**Did this employee ever have problems with:**

EXCESSIVE ABSENTEEISM: YES \_\_\_ NO \_\_\_  
PERSONALITY CONFLICTS: YES \_\_\_ NO \_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Position \_\_\_\_\_

PLEASE RETURN THIS FORM BY MAIL OR FAX TO 281-331-1685

Thank you for your assistance. All responses will remain confidential.



**VERIFICATION OF EMPLOYABILITY: CRIMINAL HISTORY,  
NURSE AIDE REGISTRY AND EMPLOYEE MISCONDUCT REGISTRY**

TO: ALL APPLICANTS FOR EMPLOYMENT OR VOLUNTEERS

Unlicensed Applicants and Volunteers: This is to inform you that this agency is required to conduct the following background checks on you prior to making a job offer to you. Those checks are 1) Texas Department of Public Safety Criminal History and 2) DADS Employability Status Check Search which includes the Nurse Aide Registry and Employee Misconduct Registry (EMR). These checks are to verify that you are employable under State of Texas laws. These checks will be completed as part of the employment process and will be performed periodically after employment. The purpose of the EMR is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against clients and consumers are denied employment in DADS-regulated facilities and agencies. A person listed in the EMR cannot be employed by this agency nor perform volunteer services.

Licensed Applicants: This is to inform you that this agency will also conduct a Criminal History and DADS Employability Status Check Search on any licensed applicant. This check will be completed as part of the employment process and may be performed periodically after employment.

Convictions, guilty pleas or no contest pleas to any of the following offenses **WILL** bar employment or result in immediate termination of employment from House Calls Home Health. State law, Chapter 250, Health and Safety Code, mandates this action.

Convictions, guilty pleas, or no contest pleas to any other offense not listed here **MAY** bar employment or result in immediate termination of employment from House Calls Home Health, at the sole option of House Calls Home Health.

**Texas Penal Code:**

- Chapter 15.01 (criminal attempt of any offense listed as a bar)
- Chapter 19 (criminal homicide: includes murder, capital murder, manslaughter, and criminally negligent homicide)
- Chapter 20 (kidnapping and unlawful restraint: includes kidnapping, aggravated kidnapping and false imprisonment)
- Section 21.02 (continuous sexual abuse of young child or children)
- Section 21.08 (indecent exposure)
- Section 21.11 (indecent with a child)
- Section 21.12 (improper relationship between educator and student)
- Section 21.15 (improper photography or visual recording)
- Section 22.011 (sexual assault)
- Section 22.02 (aggravated assault)
- Section 22.021 (aggravated sexual assault)
- Section 22.04 (injury to a child, elderly adult, or disabled individual)
- Section 22.041 (abandoning or endangering child)
- Section 22.05 (deadly conduct)
- Section 22.07 (terroristic threat)
- Section 22.08 (aiding suicide)
- Section 25.031 (agreement to abduct from custody)
- Section 25.08 (sale or purchase of a child)
- Section 28.02 (arson)
- Section 29.02 (robbery)
- Section 29.03 (aggravated robbery)
- Section 33.021 (online solicitation of a minor)
- Section 34.02 (money laundering)
- Section 35A.02 (Medicaid fraud)
- Section 36.06 (obstruction or retaliation)
- Section 42.09 (cruelty to animals)
- Section 42.092 (cruelty to nonlivestock animals)
- Section 43.03 (promotion of prostitution)
- Section 43.04 (aggravated promotion of prostitution)
- Section 43.05 (compelling prostitution)
- Section 43.25 (sexual performance by a child)
- Section 43.26 (possession or promotion of child pornography)
- Chapter 481 (Texas Health and Safety Code, Texas Controlled Substance Act conviction punishable as a felony); 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 above; or
- An offense which House Calls Home Health determines to be contraindicated to employment with the consumers this agency serves.

**CRIMINAL HISTORY (Please print your last name, first, middle, and your social security number)**

_____ LAST NAME, FIRST, MIDDLE (PRINT)	_____ SOCIAL SECURITY NUMBER
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Additionally, a person convicted of the following offenses may not be employed before the fifth anniversary of the date of the conviction:

- Section 22.01, Penal Code (Assault), that is punishable as a Class A misdemeanor or as a felony;
- Section 30.02, Penal Code (burglary);
- Chapter 31, Penal Code (Theft) that is punishable as a felony;
- 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;
- Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.
- Section 37.12, Penal Code (false identification as a peace officer); or,
- Section 42.01 (a)(7), (8), or (9), Penal Code (disorderly conduct).

**Have you ever been convicted, or have you pled guilty or no contest to any of the offenses listed on page 1 or page 2 of this form? Circle your answer:      Yes No**

**Have you ever been convicted, or have you pled guilty or no contest to any offenses not listed hereon? Circle your answer:      Yes    No**

**If yes to either question above, identify the criminal charge(s) and dates:**

I acknowledge by my signature that I have been informed by House Calls Home Health and agree that a Criminal History, Nurse Aide Registry, and Employee Misconduct Registry check will be made and I state that I have **NOT** been convicted nor have I pled guilty or no contest to any criminal charge identified on this form except as I have indicated hereon. 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. I understand that all information obtained by House Calls Home Health will remain confidential.

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

**FOR HOUSE CALLS HOME HEALTH USE ONLY:**

DPS Computerized Criminal History (CCH) Verification completed on (date) \_\_\_\_\_

Based on CCH verification,  Applicant is employable       Applicant is **NOT** employable

DADS Employability Status Search (attach print out).

Based on DADS Employability Status Search:  Applicant is employable     Applicant is **NOT** employable

Verified by \_\_\_\_\_ Date Verified \_\_\_\_\_

# 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

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	