

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(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

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Happy At Home

Phone- 1-800-553-7451

Fax- 903-722-9004

Application for Employment

Applicant Information

Full Name:					Date:		
<i>Last</i>			<i>First</i>		<i>M.I.</i>		
Address:							
<i>Street Address</i>						<i>Apartment/Unit #</i>	
<i>City</i>						<i>State</i>	<i>ZIP Code</i>
Phone:	()		E-mail Address:				
Date Available:			Social Security No.:			Desired Salary:	\$
Position Applied for:							
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>
							NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If yes, explain:							

Education

High School:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:			Relationship:		
Company:			City:		Phone: ()
Full Name:			Relationship:		
Company:			City:		Phone: ()
Full Name:			Relationship:		
Company:			City:		Phone:

Military Service

Branch:			From:		To:	
Rank at Discharge:			Type of Discharge:			
If other than honorable, explain:						

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List any professional memberships, community activities and offices held

Previous Employment

Company:			Phone:	() _____	
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities: _____

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:			Phone:	() _____	
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities: _____

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:			Phone:	() _____	
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities: _____

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other Qualifications or Specialized Skills

Summarize any special job-related skills & qualifications and check the listed skills you are proficient in.

Computer Use Microsoft Excel Microsoft Word Home Health Computerized Documentation System:

Pre-Employment Interview Questions

What is your definition of "Team Work"? _____

What made you choose home healthcare? _____

Tell Me about your communication and interpersonal skills? _____

What did you dislike about the jobs you have had in the past? _____

What did you like about the jobs you have had in the past? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Happy At Home

Employment/ Reference Verification

Applicant Name:				SS :#	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Place Employed:					
	<i>Company</i>	<i>Phone #</i>	<i>City, State</i>		
	<i>Position Held</i>		<i>Dates of Employment</i>		

Release: 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.

Applicant Signature: _____ Date: _____

The above person has applied to HAPPY AT HOME for employment. Please complete the remainder of this form and return it to the address below as soon as possible. Thank you for your time.

Is the above information correct? _____ yes _____ no, if not please explain: _____

Please describe the applicant in a few words on each of these topics:

1. Quality of Work: _____
2. Ability to grasp ideas quickly & accurately: _____
3. Dependability & Attendance: _____
4. Knowledge of Specialty: _____
5. Ability to work independently: _____
6. Assessment Skills: _____
7. Ability to be a team player: _____
8. Computer Skills: _____

Would you rehire this applicant? _____

Additional Comments:

Signature: _____ Title: _____ Date: _____

Please Send Completed Form to:

Happy At Home

125 South Main Street

Henderson, Texas 75654

Fax: _____ 903-722-9004

Happy At Home

Employment/ Reference Verification

Applicant Name:				SS :#	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Place Employed:					
	<i>Company</i>	<i>Phone #</i>	<i>City, State</i>		
	<i>Position Held</i>		<i>Dates of Employment</i>		

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Would you rehire this applicant? _____

Additional Comments:

Signature: _____ Title: _____ Date: _____

Please Send Completed Form to:

Happy At Home

125 South Main Street

Henderson, Texas 75654

Fax: _____ 903-722-9004

HAPPY AT HOME HEALTH CARE

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Happy At Home that a criminal history check will be performed on my name. I have informed the agency of all names (i.e. maiden, aliases, etc.) that I have used in the past. I understand that I have been employed on a temporary emergency basis pending results of the criminal history check.

I have not been convicted of any of the following offenses under the Texas Penal code, which bars employment in a position with duties which involve direct contact with clients.

1. An offense under Chapter 19 (criminal homicide)
2. An offense under Chapter 20 (kidnapping and false imprisonment)
3. An offense under Section 21.11 (indecent with a child)
4. An offense under Section 22.011 (sexual assault)
5. An offense under Section 22.02 (aggravated assault)
6. An offense under Section 22.04 (injury to a child, elderly individual, or disabled individual)
7. An offense under Section 22.041 (abandoning or endangering a child)
8. An offense under Section 22.08 (aiding suicide)
9. An offense under Section 25.031 (agreement to abduct from custody)
10. An offense under Section 25.08 (sale or purchase of child)
11. An offense under Section 28.02 (arson)
12. An offense under Section 29.02 (robbery)
13. An offense under Section 29.03 (aggravated robbery)
14. (A) A conviction under the laws of another state federal laws or the uniform code of Military Justice for an offense containing elements that are similar to the elements of an offense listed under 1-13;
(B) A person convicted of an offense under Chapter 31. Penal Code 9 theft that is punishable as a felony (generally \$ 1,500 or more) may not be employed in a position of the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date of conviction.
15. An offense that the facility determines to be a contraindication to employment with the consumers the agency serves.

An agency must search the Nurse Aide Registry and Employee Misconduct Registry with DHS's toll-free number to verify that an applicant is not listed with a finding concerning abuse, neglect, or mistreatment of a consumer of an agency or a facility licensed under the Health and Safety Code, or misappropriation of a consumer's property.

Effective September 1, 2001 a person described by subsection (a) of this section may not be employed in an agency if the person has been convicted of an offense under Chapter 31 Penal Code that is punishable as a felony before the fifth anniversary of the date of conviction. This subsection does not apply to a person employed by the agency before September 1, 2001/

I understand that all information obtained by Happy At Home regarding my criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation that the information given is true and complete to the best of my knowledge.

PRINTED NAME

DATE

SIGNATURE

DATE