

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, genetic information, sex, marital status, national origin, or disability.

Application Date: _____ Home Phone: _____ Cell Phone: _____ Cell Phone Carrier: _____

Last Name: _____ First Name: _____ Middle: _____

Maiden Name/Other Names Used _____

Address/City/State/Zip: _____

Social Security Number: _____ Email Address: _____

Position applying for: _____ How did you learn about position? _____

Hours and days available to work: _____

Are you at least 18 years old? Yes No Date of Birth: _____

Do you have adequate means of transportation to get to work on time each day? Yes No

Do you have a valid driver's license? Yes No If yes driver's license number: _____

Have you been convicted of a felony or misdemeanor (excluding traffic offenses) and /or released from confinement following a conviction for any criminal offense? Yes No If Yes, give date, place and nature of each such conviction. (Answering Yes does not automatically disqualify you from employment.)

Do you have the legal right to work in the United States? Yes No

Educational History

| School Type | 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 languages you speak other than English: _____

In case of an emergency notify: _____

Other emergency contact: _____ Relationship _____

Application for Employment

Work History

You may attach an additional sheet of paper listing other work experience if the space below is insufficient.

Employer: _____ Telephone: _____

Address: _____

Date started: _____ Date left: _____ Supervisor's name: _____

Salary: _____ Full time Part time Per visit May we contact this employer Yes No

Position Held: _____ Reason for leaving: _____

Describe your job, responsibilities, accomplishments and any other information you feel is important.

You may attach an additional sheet of paper listing other work experience if the space below is insufficient.

Employer: _____ Telephone: _____

Address: _____

Date started: _____ Date left: _____ Supervisor's name: _____

Salary: _____ Full time Part time Per visit May we contact this employer Yes No

Position Held: _____ Reason for leaving: _____

Describe your job, responsibilities, accomplishments and any other information you feel is important.

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Employer: _____ Telephone: _____

Address: _____

Date started: _____ Date left: _____ Supervisor's name: _____

Salary: _____ Full time Part time Per visit May we contact this employer Yes No

Position Held: _____ Reason for leaving: _____

Describe your job, responsibilities, accomplishments and any other information you feel is important.

Application for Employment

Have you ever been dismissed or forced to resign from any employment Yes No

If yes please explain below

If hired, when will you be available to start work? _____

Please review and sign

I certify that the information in this application is true and complete to the best of my knowledge and may be verified by the Agency. I understand that any falsified information or significant omissions may disqualify me from consideration for employment and should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, that the agency is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

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 understand that the agency will perform a criminal history check, Nurse Aide Registry check, Employee Misconduct Registry check, and OIG search. I acknowledge that I have been informed that all Health and Human Services (HHS) regulated agencies are required perform a criminal history check, OIG search, and to check the Employee Misconduct Registry and Nurse Aide Registry before an offer of employment is made. I also understand that an additional search will be performed annually. I have informed the Agency of all names, (maiden, and aliases) that I have used in the past.

I understand that the Agency does not subscribe to the Worker's Compensation plan.

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: _____

Reference Request

The individual named below is applying for a position with our agency and has given you as a reference. We place importance on thorough screening of all our applicants and would appreciate your reply to the questions asked. Any additional information you wish to include will be kept confidential. Thank you in advance for your prompt and thoughtful response.

Applicant Release

To be completed by applicant:

Reference Name: _____

Reference Address: _____ City: _____ State: _____ Zip: _____

Reference Phone: _____ Other: _____

Company or Personal Reference: Company Personal Reference

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment or personal reference. I also release the requesting company from all liability for any damages from the disclosure of this information and understand any information may be used in determining my eligibility for employment.

Applicant's Name: _____ Applicant's Signature: _____

Name used while employed: _____ Positions Held: _____

Dates Employed: From _____ To _____ Reason for leaving: _____

To be completed by previous employer:

Is the information given above correct? Yes No If no explain: _____

Reason for leaving: _____

Is applicant eligible for rehire? Yes No If no explain: _____

Please comment on the applicant's attributes using the following scale: 4= Excellent 3= good 2= fair 1= Poor N/A= Not applicable

| | | | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|-----|----------------------|---|---|---|---|-----|--------------------------|---|---|---|---|-----|
| Quality of work | 4 | 3 | 2 | 1 | N/A | Knowledge and Skills | 4 | 3 | 2 | 1 | N/A | Reliability & Attendance | 4 | 3 | 2 | 1 | N/A |
| Cooperation | 4 | 3 | 2 | 1 | N/A | Grooming | 4 | 3 | 2 | 1 | N/A | Supervisory Ability | 4 | 3 | 2 | 1 | N/A |

To be completed by personal reference:

How long have you known this person? _____ What is your relationship with this applicant? _____

Do you know of any reason we might not want this person to work with people with mental or physical disabilities? _____

If yes, what is that reason? _____

In your experience, have you found him/her to be: Reliable? _____ Patient? _____ Compassionate? _____

Please complete the following sentences regarding this applicant:

a. I would best describe this individual as _____

b. This person's strengths include _____

Is there anything else you might be able to tell us about his individual that would help us to make an employment decision? _____

Comments: _____

OFFICE USE ONLY – Check method of gathering reference data: Verbal Mail Fax

Comments: _____

Verified by : _____ Signature: _____ Date: _____

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Reference Address: _____ City: _____ State: _____ Zip: _____

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Company or Personal Reference: Company Personal Reference

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Applicant's Name: _____ Applicant's Signature: _____

Name used while employed: _____ Positions Held: _____

Dates Employed: From _____ To _____ Reason for leaving: _____

To be completed by previous employer:

Is the information given above correct? Yes No If no explain: _____

Reason for leaving: _____

Is applicant eligible for rehire? Yes No If no explain: _____

Please comment on the applicant's attributes using the following scale: 4= Excellent 3= good 2= fair 1= Poor N/A= Not applicable

| | | | | | | | | | | | | | | | | | |
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Applicant Release

To be completed by applicant:

Reference Name: _____

Reference Address: _____ City: _____ State: _____ Zip: _____

Reference Phone: _____ Other: _____

Company or Personal Reference: Company Personal Reference

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment or personal reference. I also release the requesting company from all liability for any damages from the disclosure of this information and understand any information may be used in determining my eligibility for employment.

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Dates Employed: From _____ To _____ Reason for leaving: _____

To be completed by previous employer:

Is the information given above correct? Yes No If no explain: _____

Reason for leaving: _____

Is applicant eligible for rehire? Yes No If no explain: _____

Please comment on the applicant's attributes using the following scale: 4= Excellent 3= good 2= fair 1= Poor N/A= Not applicable

| | | | | | | | | | | | | | | | | | |
|-----------------|---|---|---|---|-----|----------------------|---|---|---|---|-----|--------------------------|---|---|---|---|-----|
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| Cooperation | 4 | 3 | 2 | 1 | N/A | Grooming | 4 | 3 | 2 | 1 | N/A | Supervisory Ability | 4 | 3 | 2 | 1 | N/A |

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Is there anything else you might be able to tell us about his individual that would help us to make an employment decision?

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Comments: _____

Verified by : _____ Signature: _____ Date: _____

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

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

Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a background check including a criminal history, employee misconduct registry, nurse aide registry, State and Federal OIG check using the name(s) I have provided. I have given the Agency all names that I have used in the past (i.e. maiden, and aliases). I agree to a search prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with the Agency. I understand that I am unemployable if listed in the NAR, EMR or have been convicted of an offense listed below:

- Chapter 19, Penal Code (criminal homicide);
- Chapter 20, Penal Code (kidnapping and unlawful restraint);
- Section 21.02, Penal Code (continuous sexual abuse of young child or children),
- Chapter 21.08, Penal Code (indecent exposure);
- Section 21.11, Penal Code (indecent with a child);
- Section 21.12, Penal Code (improper relationship between educator and student);
- Section 21.15, Penal Code (improper photography or visual recording);
- Section 22.011, Penal Code (sexual assault);
- Section 22.02, Penal Code (aggravated assault);
- Section 22.021, Penal Code (aggravated sexual assault);
- Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- Section 22.041, Penal Code (abandoning or endangering child);
- Section 22.05, Penal Code (deadly conduct);
- Section 22.07, Penal Code (terroristic threat);
- Section 22.08, Penal Code (aiding suicide);
- Section 25.031, Penal Code (agreement to abduct from custody);
- Section 25.08, Penal Code (sale or purchase of a child);
- Section 28.02, Penal Code (arson);
- Section 29.02, Penal Code (robbery);
- Section 29.03, Penal Code (aggravated robbery);
- Section 32.53, Penal Code (exploitation of a child, elderly individual, or disabled individual);
- Section 33.021, Penal Code (online solicitation of a minor);
- Section 34.02, Penal Code (money laundering);
- Section 35A.02, Penal Code (Medicaid fraud);
- Section 36.06, Penal Code (obstruction or retaliation);
- Section 42.09, Penal Code (cruelty to livestock animals), or under
- Section 42.092, Penal Code (cruelty to non-livestock animals); 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 by this subsection.

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

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

For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5 (c), Article 42.12, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offense(s) may also bar my employment. Additionally, if I have been reported to the Employee Misconduct Registry, Nurse Aid Registry and/or OIG excluded party list (State and/or Federal), these offense(s) may also 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: _____ Date: _____

For Agency Use Only : Criminal History, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR) OIG checks completed:

- Criminal History Check completed on-line. Date checked: _____ Other Convictions identified on Criminal History (Document reason in comments below)
- NAR EMR checked online at <https://www.dads.state.tx.us/providers/employability/esearch/cfm>
- OIG State and Federal <https://exclusions.oig.hhs.gov/Default.aspx> & <https://oig.hhsc.state.tx.us/oigportal/EXCLUSIONS.aspx>
- Applicant employable Applicant NOT employable Comments: _____

Verified by : _____ Date: _____

**CARING PARTNERS HOME CARE
ATTENDANT QUALIFICATIONS AND REQUIREMENTS
FOR CLIENT ASSIGNMENT**

Attendant Name (Print): _____ DOB: _____

I understand that the Agency must adhere to specific service program rules and regulations related to the qualifications of an Attendant assigned to a Client. I certify that I am 18 years of age or older and certify that I meet the service program qualifications of Attendant because:

- I am NOT a legal parent or foster parent of a minor who receives services;
- I am NOT the spouse of the individual who receives the service (except for Family Care Services);
- I am NOT designated by a HHSC Case Manager or a HHSC Representative as a "Do Not Hire" on a 2101 Authorization or subsequent communication to the Agency;
- I am NOT designated by an Adult Protective Services Case Worker (APS), Child Protective Services Case Worker (CPS), or a MCO Service Coordinator for Personal Assistance Services (PAS) as a "Do Not Hire" on an Authorization or other communication to the Agency.

Furthermore, I understand that I must notify the Agency Supervisor immediately should my relationship with the Client or Clients that I have been assigned to change in the future where I would be prohibited from providing Services to Clients.

Signature: _____ Date: _____

Entiendo que la Agencia debe adherirse al programa de servicio específicas normas y reglamentos relacionados con las calificaciones de un cuidador asignado a un cliente. Certifico que soy 18 años o más de edad un certificar que yo conozca el programa de servicio de operador de calificaciones de este cliente porque:

- No soy un progenitor o adoptante legal de un menor que recibe servicios;
- Yo no soy el cónyuge de la persona que recibe el servicio (excepto para los servicios de cuidado de la Familia);
- No soy designado por un HHSC Administrador del caso o HHSC representativas como "No Contratar" en 2101 la autorización o comunicación posterior a la agencia
- Yo no soy designado por un trabajador de casos de Servicios de Protección de Adultos (APS), los Servicios de Protección Infantil (CPS) trabajador de caso o un coordinador de servicio MCO para servicios de asistencia personal (PAS) como un "No Contratar" en una autorización u otra comunicación a la Agencia.

Por otra parte, entiendo que debo notificar al Organismo Supervisor inmediatamente si mi relación con el cliente o los clientes que me han asignado a cambiar en el futuro donde yo estaría prohibido proporcionar servicios al cliente o clientes.