



Application Packet

Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Hospice and agree that the Hospice may conduct a State of Texas criminal history check, National Sex Offender Registry, Motor Vehicle Registry (if transporting patients in the course of duties). If I am an unlicensed person, I agree to a search of the Nurse Aide Registry (NAR) and the Search Engine Multiple-Agency Reportable Conduct (SEMARC), which includes information from the Employee Misconduct Registry (EMR), 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 this Hospice. I understand that I am unemployable if listed as unemployable in the NAR or SEMARC per Texas Administrative Code (TAC), Title 26, Chapter 561, Rule §561.3 and Texas Health and Safety Code, Chapter 253 and Chapter 810; or if listed as unemployable in the Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) List of Excluded Individuals and Entities (LEIE) pursuant TAC, Title 1, Chapter 371 relating to Medicaid and other Health and Human Services Fraud and Abuse Program Integrity.

Criminal History Check

I have informed the Hospice 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 that I may not have face-to-face patient contact until results are returned. I will be notified of the results.

If employment is gained, I agree that the Hospice may conduct annual or periodic criminal history checks while I am employed.

I acknowledge that if I am found to have been convicted of any offense(s) barring employment, that these offenses may bar my employment. I understand that all information obtained by this Hospice 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.

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____

Applicant Signature: _____ Date: _____

For Hospice Use Only: Criminal History, SEMARC, Nurse Aide Registry (NAR), National Sex Offender Registry, and LEIE checks completed. Attach state-specific background check policy regarding convictions barring employment.

- ☐ Criminal history check completed online at <https://www.dps.texas.gov/section/crime-records>
- ☐ National Sex Offender Registry at <https://www.nsopw.gov/>
- ☐ Motor Vehicle Registry online at https://www.dps.texas.gov/DriverLicense/customer_service.aspx
- ☐ Other convictions identified on criminal history. (Document reason hiring in comments below)
- ☐ NAR via TULIP at <https://tulip.hhs.texas.gov/TULIP/s/public-search>
- ☐ SEMARC via TULIP at <https://tulip.hhs.texas.gov/TULIP/s/login/?ec=302&startURL=%2FTULIP%2Fs%2F>
- ☐ OIG LEIE checked at <https://oig.hhs.texas.gov/exclusions> and <https://exclusions.oig.hhs.gov/>
- ☐ GSA/SAM <https://sam.gov/content/home>
- ☐ Applicant employable ☐ Applicant NOT employable

Comments: _____

Verified by: _____ Date: _____

Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Name (last, first, middle): _____

Email Address: _____

Current Address: _____

City, State, Zip: _____

SSN: _____

Home Phone: _____

Cell Phone: _____

Are you at least 18 years old? ☐ Yes ☐ No

Position Applying For: _____

☐ Full time ☐ Part time ☐ Part time per visit ☐ Pool

Shift: ☐ Day ☐ Evening ☐ Night ☐ Weekends

If you are not a US citizen, do you have the legal right to remain permanently in the US? ☐ Yes ☐ No

Salary Requirements: _____

Date Available: _____

Do you have adequate means of transportation to get to work on time each day, and when call in on short notice during normal work hours? ☐ Yes ☐ No

Educational History

Type of School	Name and 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 (i.e., license, certification, registration, etc.), number, and issuing state:

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

Application for Employment

Name: _____

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business ☐ Full time	Reason for Leaving	Ok to Contact Supervisor ☐ Yes ☐ No
Date Left	☐ Part time		
	☐ Per visit		

Describe your job title, responsibilities, and accomplishments:

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business ☐ Full time	Reason for Leaving	Ok to Contact Supervisor ☐ Yes ☐ No
Date Left	☐ Part time		
	☐ Per visit		

Describe your job title, responsibilities, and accomplishments:

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Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business ☐ Full time ☐ Part time ☐ Per visit	Reason for Leaving	Ok to Contact Supervisor ☐ Yes ☐ No
Date Left			
Describe your job title, responsibilities, and accomplishments: 			

Personal References – Name, Phone, Relationship:

List all States where you have lived in the past 3 years: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____

Out-of-State Contact (if possible): _____

Relationship: _____ Phone: _____

Address: _____

Application for Employment

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 Hospice 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 Hospice or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate termination 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 Hospice, my employment will be for no definite term and that either I, or the Hospice 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 Hospice.
- I understand, if I have direct patient contact or contact with patient records, that the Hospice will perform a background check, including criminal history check, national sex offender registry check, OIG exclusion list check, motor vehicle registry for employees who transport patients, and any additional checks as required by accrediting body standards or state regulations. I further understand, if I am an unlicensed person, the Hospice will perform a check of the Nurse Aide Registry (NAR) and the Search Engine for Multiple-Agency Reportable Conduct (SEMARC), which includes information from the Employee Misconduct Registry (EMR), for unlicensed employees. I understand that: 1) the purpose of the SEMARC check is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in HHS-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 Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-regulated facilities and agencies are required to check the SEMARC and the NAR 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.

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 / enrollment or admissions 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	☐ Interview(s)	☐ References Checked	If Hired:	
			Position:	Start Date:
			Salary:	☐ Full time ☐ Part time ☐ Per visit

Reference Request

Date: _____ Check method of gathering reference data: ☐ Verbal ☐ Mail ☐ Other: _____

Reference Name: _____

Company/Facility: _____

The individual named below is applying for a position as _____
and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance, (Name of Representative) _____

Applicant Release

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____

Position Held: _____ Dates Employed: From _____ To _____

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. I understand that this information may be released to patients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

1. Please confirm the applicant's employment dates: From _____ To _____

2. Please comment on the applicant's attributes using the provided scale:

Quality of Work:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Knowledge & Skills:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Reliability & Attendance:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Cooperation:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Competence:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Supervisory Ability & Capacity:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Grooming:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable

3. Please indicate specialty areas in which the applicant has had experience: _____

4. Please indicate any special considerations necessary when giving assignments to this individual:

5. Is the applicant eligible for rehire? ☐ Yes ☐ No If no, explain: _____

Please attach any additional comments.

Signature: _____

Position/Title: _____ Date: _____

Reference Request

Date: _____ Check method of gathering reference data: ☐ Verbal ☐ Mail ☐ Other: _____

Reference Name: _____

Company/Facility: _____

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and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

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Competence:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
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5. Is the applicant eligible for rehire? ☐ Yes ☐ No If no, explain: _____

Please attach any additional comments.

Signature: _____

Position/Title: _____ Date: _____

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)

