



PERSONNEL FILE SECTIONS

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin, or handicap. All information provided herein will be kept confidential.

PERSONAL INFORMATION:

Full Name: _____

Date: _____ Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Business Phone: _____

Social Security Number: _____ Driver's License / ID: _____

Birthdate: _____ Email Address: _____

Have you ever applied for employment with Above All Home Care? ☐ Yes ☐ No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

How did you learn of our organization? ☐ Newspaper Ad ☐ Agency employee ☐ Other

Are you willing to work: ☐ Evenings ☐ Weekends

Position applying for: _____

EDUCATION:

School Name / Location of School

Completion Diploma College: _____

Major _____ Yrs of Study/Degree _____

Vo-Tech or Trade: _____

Major _____ Yrs of Study/Degree _____

High School: _____

Major _____ Yrs of Study/Degree _____

Other: _____

Major _____ Yrs of Study/Degree _____

EMPLOYMENT:

List the last five years employment history, starting with the most recent employer.

1 Company Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip Code _____

Dates of Employment: From _____ To _____

Starting Pay: _____ Starting Pay: _____

Job Title and Describe Work Completed: _____

Reason for leaving: _____

2 Company Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip Code _____

Dates of Employment: From _____ To _____

Starting Pay: _____ Starting Pay: _____

Job Title and Describe Work Completed: _____

Reason for leaving: _____

3 Company Name: _____

Telephone: _____

Address: _____

City: _____

State: _____

Zip Code _____

Dates of Employment: From _____

To _____

Starting Pay: _____

Starting Pay: _____

Job Title and Describe Work Completed: _____

Reason for leaving: _____

Was your last name different from your present name during the above listed jobs?

☐ Yes ☐ No

If yes, what was your name? _____

Are you currently employed?

☐ Yes ☐ No

Do you have reliable transportation / the ability to reach multiple clients?

☐ Yes ☐ No

PROFESSIONAL / PERSONAL REFERENCES (MUST COMPLETE)

Persons who can furnish information about job performance or personal information about you

1 Name: _____

Telephone: _____

Fax: _____

Address: _____

2 Name: _____

Telephone: _____

Fax: _____

Address: _____

3 Name: _____

Telephone: _____

Fax: _____

Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? ☐ Yes ☐ No

If you answered No, which job requirement can you not meet? _____

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience. _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I, _____ authorize complete investigation of all statements contained herein and hereby give my full permission for Above All Home Care to contact and fully discuss my background and history with all persons and entities listed above to give Above All Home Care all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to Above All Home Care.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time shall inquire as to whether or not applications are being accepted at that time.

DATE: _____

SIGNATURE: _____

EMPLOYMENT VERIFICATION

To Whom It May Concern:

The applicant named below has applied for employment with our agency. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____

Date of Application: _____

Previous Employer: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____

DATE: _____

To be completed by previous employer:

Dates of Employment: From _____ To _____

Position Held: _____

Would you rehire this individual?

☐ Yes ☐ No

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Reference Check Performed By: _____

EMPLOYMENT VERIFICATION

To Whom It May Concern:

The applicant named below has applied for employment with our agency. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: _____ Date of Application: _____

Previous Employer: _____ Contact Person: _____

Address: _____

Phone: _____ Fax: _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ **DATE:** _____

To be completed by previous employer:

Dates of Employment: From _____ To _____

Position Held: _____

Would you rehire this individual? ☐ Yes ☐ No

Responsibilities: _____

Reason for Leaving: _____

Rate of Pay: (weekly/biweekly/salary): _____

Additional comments (training/skills) _____

Reference Check Performed By: _____

EMPLOYEE EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name: _____ Home Phone: _____
Cell Phone: _____ Relationship: _____
Address: _____

In case of emergency, please contact:

Name: _____ Home Phone: _____
Cell Phone: _____ Relationship: _____
Address: _____

In case of emergency, please contact:

Name: _____ Home Phone: _____
Cell Phone: _____ Relationship: _____
Address: _____

*****Please notify Above All Home Care immediately if any of the emergency contact information changes. *****

TEXAS CRIMINAL HISTORY STATEMENT

I here by profess that I have not been convicted of any following crimes which are a permanent automatic bar to employment by Above All Home Care.

- An offense under Section 19, Penal Code (criminal homicide);
- An offense under Section 20, Penal Code (kidnapping and false imprisonment);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecent with a child);
- 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 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); and health care fraud

An offense under Section 42.09, Penal Code (cruelty to animals); or

- A conviction under the laws of another state, federal law, of the Uniform Code of Military Justice for an offense containing elements that are substantially like the elements of an offense listed by this subsection.

I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years (applicable only to those hired on or after September 1, 2007 unless otherwise noted):

- An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003];
- An offense under Section 30.02, Penal Code (burglary) [which occurred within the previous five years];
- An offense under Section 31, Penal Code (theft punishable as a felony) [which occurred in the previous five years];
- 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 which occurred in the previous five years)
- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A Misdemeanor or felony) [which occurred in the previous five years]
- An offense under Section **§33.021** — Online solicitation of a minor
- An offense under Section **§34.02** — Money laundering
- An offense under Section **35A.02** — Medicaid fraud
- An offense under Section **§36.06** — Obstruction or Retaliation
- An offense under Section 37.12, Penal Code (false identification as peace officer); A conviction which occurred in the previous five years
- An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years
- **An offense under Section §42.09** — Cruelty to animals
- **An offense under Section §42.092** — Cruelty to non livestock 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 like the elements of an offense listed above.

Additional to Bars to Employment

Bars pursuant to Texas Administrative Code, Title 40, Part 1, Chapter 3, §3.201 Texas Health and Safety Penal Code

An offense under Section **15.01** — Criminal Attempt of any offense listed as a bar

An offense under Section §43.03 — Promotion of Prostitution

An offense under Section §43.04 — Aggravated Promotion of Prostitution

An offense under Section §43.05 — Compelling Prostitution

An offense under Section §43.25 — Sexual Performance by a Child

An offense under Section §43.26 — Possession or Promotion of Child Pornography

I understand that it is required by law that HHCH check the Employee Misconduct Registry and, if appropriate, the Texas Nurse Aide Registry using my Social Security Number. And I further understand that any applicant listed on the Employee Misconduct Registry is unemployable at Above All Home Care.

I understand that if I have been placed on deferred adjudication community supervision for an offense listed above, successfully completed the period of deferred adjudication community supervision, and received a dismissal and discharge according to Section 5(c), Article 42.12, 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 also bar my employment.

I understand that all information obtained by Above All Home Care regarding my 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 of Birth:** _____

Printed Name: _____ **Date:** _____

Social Security Number _____

OIG/LEIE BACKGROUND CHECKS

POLICY

Above ALL Home Care Agency will comply with licensure requirements regarding criminal history record checks, the HHSC employee misconduct registry and the HHSC nurse aide registry for employees, subcontractors, and volunteers.

PROCEDURE

1. Inform the individual who applies for employment that Above All Home Care is required to conduct a background check which includes a search of the NAR and EMR.
2. Review the LEIE maintained by the United States Department of Health and Human Services, Office of Inspector General, and the LEIE maintained by the HHSC Office of Inspector General:
 - before hiring an applicant for employment or contracting with a potential subcontractor; and
 - at least monthly, for each employee and subcontractor.
3. Not employ an applicant for employment or contract with a potential subcontractor to perform any duties that may be paid for directly or indirectly through a contract if the applicant or potential subcontractor is listed on either LEIE described in TAC 49.304(f) in paragraph (1) of this subsection;
4. Prohibit an employee or subcontractor listed on either LEIE described in TAC 49.304 (f) paragraph (1) of this subsection from performing any duties that may be paid for directly or indirectly through a contract; and
5. if an employee or subcontractor is listed on either LEIE described in TAC 49.304(f) paragraph (1) of this subsection, immediately report to the HHSC Office of Inspector General, in accordance with the self-reporting protocol of the HHSC Office of Inspector General:
 - the identity of an excluded employee or subcontractor; and
 - the amount paid by the contractor to the employee or subcontractor for services provided under a contract.
6. Before an unlicensed volunteer's first face-to-face contact with a client, Above All Home Care will conduct a search of the NAR and the EMR using the DADS Internet website to determine if an unlicensed applicant is listed in either registry as unemployable. Submit names of the person via the internet computer system to the NAR and EMR. Above All Home Care will not employ an unlicensed applicant who is listed as unemployable in either registry.
7. In addition to the initial verification of employability, Above All Home Care will search the NAR and the EMR to determine if the employee is listed as unemployable in either registry as follows:
 - for an employee most recently hired before September1, 2009, by August 31, 2011, and at least every twelvemonths thereafter; and
 - for an employee most recently hired on or after September1, 2009, at least every12 months.

8. Above All Home Care will immediately discharge an unlicensed employee whose duties would or do include face-to-face contact with a client when Above All Home Care becomes aware that the employee is designated in the NAR or the EMR as unemployable.

9. A printed copy of the results of the initial nurse aide registry (NAR) and employee misconduct registry (EMR) obtained from the DADS will be placed on the employee personnel file. The yearly check will be noted on an agency spread sheet

Signature: _____

Date: _____