

**Professional Home Health & Hospice
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, sex, marital status, national origin, or disability.

Applicant Name: _____

Present Address
City/State/Zip: _____

Home Phone: _____

Mobile/Cell Phone: _____

Social Security Number: _____

Are you at least 18 years old? Yes No

Position Applying For: _____

Full Time Part Time Per Visit Shift: Day Night
 Part Time Pool Evening W/E

Salary Requirements: _____

Date Available _____

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

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours: Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No If Yes, please give date, place and nature of each such conviction:

Are you presently charged with any violation of the law other than traffic violation? Yes No If Yes, please give date, place, and nature of each such conviction:

Educational History

<i>Type of School</i>	<i>Name & Location of School</i>	<i>Circle Last Year Attended</i>	<i>Graduated</i>	<i>Degree</i>
High School				
College				
College				
Other				

List professional licenses you possess. Indicate type of license, number, and state of issue:

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin or disability.

List languages spoken other than English: _____

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

In case of an emergency notify (name/phone): _____

Relationship _____

Out of state contact, if possible (name/phone): _____

Relationship _____

Name: _____

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 include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving:	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: _____ _____ _____			

Company Name:	Complete Address include City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving:	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving:	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments: _____ _____ _____			

Name: _____

PERSONAL REFERENCES (Name, Phone, Relationship):

1) _____

2) _____

3) _____

Other _____

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 agency 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 agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge 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 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 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 agency.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-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 Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there is 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 DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry 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**.
- I understand that, per agency policy, Criminal History Checks will be performed on all applicants prior to hiring and annually, thereafter.

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: _____

**FOR OFFICE
USE ONLY**

**References
Checked**

If Hired: Position: _____ **Start Date:** _____

Salary: _____ **Full Time** **Part Time** **Per Visit**

PROFESSIONAL HOME HEALTH & HOSPICE

345 Westpark Way
Eules, Texas 76040
(817) 268 0010 Fax: (817) 268 0722

AUTHORIZATION TO PROVIDE REFERENCE INFORMATION

TO: COMPANY NAME _____

ATTENTION (SUPERVISOR) _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE #: _____ FAX# _____

MY CLASSIFICATION WAS (CIRCLE ONE) RN _____ LVN _____ OTHER _____

MY SOCIAL SECURITY # IS _____

I WAS EMPLOYED FROM _____ TO _____

I GIVE MY CONSENT TO RELEASE INFORMATION PERTAINING TO MY EMPLOYMENT

NAME OF APPLICANT (PRINT) SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW

Dear Employer,

The above applicant has applied to **Professional Home Health & Hospice** for employment and furnished your name as a reference. Please note applicant's authorization above and provide us with the information.

PERIOD OF EMPLOYMENT: FROM _____ TO _____

TYPE OF WORK PERFORMED: _____

REASON FOR LEAVING: _____

REMARKS: _____

BY: _____ POSITION: _____ DATE: _____

THANK YOU FOR YOUR COOPERATION!

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REASON FOR LEAVING: _____

REMARKS: _____

BY: _____ POSITION: _____ DATE: _____

THANK YOU FOR YOUR COOPERATION!

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 State of Texas criminal history check per TXH&SC 250.006. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. As required, I agree to a search of the Texas Health and Human Services Commission's OIG List of Excluded Individual/Entities, prior to being hired and monthly thereafter, the HHS - OIG Excluded Individuals/Entities Search Database and SAM Exclusion List. 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 Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253.

CRIMINAL HISTORY CHECK

I have informed this agency 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/client contact until results are returned. I will be notified of results.

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 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.

Name (last, first, middle): _____

Maiden, alias, if applicable: _____

Signature of Applicant

Date

CONVICTIONS BARRING EMPLOYMENT

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- ◆ An offense under Chapter 19, Penal Code (criminal homicide);
- ◆ An offense under Chapter 20, Penal Code (kidnaping, unlawful restraint, and smuggling of persons);
- ◆ An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children) or Section 21.11, Penal Code (indecent with a child);
- ◆ An offense under Section 22.011, Penal Code (sexual assault);
- ◆ An offense under Section 22.02, Penal Code (aggravated assault);
- ◆ An offense under Section 22.04, 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 22.08, 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 21.08, Penal Code (indecent exposure);
- ◆ 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 22.05, Penal Code (deadly conduct);
- ◆ An offense under Section 22.021, Penal Code (aggravated sexual assault);
- ◆ An offense under Section 22.07, Penal Code (terroristic threat);

- ◆ An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
 - ◆ 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);
 - ◆ An offense under Section 36.06, Penal Code (obstruction or retaliation);
 - ◆ An offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to nonlivestock 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.
 - ◆ An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.
- (B) A person may not be employed in a position the duties of which involve direct contact with a patient/client in a facility or may not be employed by an individual employer 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; or
 - ◆ 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 a peace officer; misrepresentation of property); or
 - ◆ An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).
- (C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- ◆ Of an offense under Section 30.02, Penal Code (burglary); or
 - ◆ 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 under Section 30.02, Penal Code.
- (D) 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, Article 42A.111 Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

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

Criminal History Check completed on-line Other Convictions identified on Criminal History. (Document the reason for hiring in Comments below.)

NAR EMR checked online at <https://emr.dads.state.tx.us/DadsEMRWeb/>

OIG Exclusion Lists checked at <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx> and <http://www.oig.hhs.gov/fraud/exclusions.asp>

Applicant employable Applicant not employable Comments: _____

Verified By _____

Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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. (This is not a consent form, but serves as information for the applicant.) 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 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 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 \$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.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

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	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP