



Employment Application

EMPLOYMENT ACKNOWLEDGEMENT

TODAY'S DATE: _____

NAME: _____
Last First M.I.

OTHER NAMES KNOWN BY: _____

SOCIAL SECURITY NO: _____

APPLICANT NOTICE

The Texas Department of Aging and Disability Services Code Chapter 106 requires this facility to obtain Criminal History Checks on individuals who are Not Credentialed, Registered or Licensed and are employed in a position of which the duties involve some contact with a consumer of services provided by this agency.

Please answer the following question:

Have you ever been convicted of a felony? No Yes If yes, Please explain: _____

Have you ever been convicted of a misdemeanor or been on probation or deferred adjudication for or are you now awaiting trial for, on probation for, or on deferred adjudication?

No Yes If yes, Please explain: _____

Convictions will not necessarily disqualify an applicant from employment. All factors and circumstances will be considered for all or any convictions.

Applicant Signature

APPLICANT NOTICE

Effective January 01, 2002 under SB 1245, Texas Department of Aging and Disability Services (DADS) Code Chapter 253, Health and Safety Code, now includes Home and Community Support Services Agencies (HCSSA) home health aides in the Employee Misconduct Registry (EMR). This facility is required to obtain verification checks prior to employment on individuals who are uncredentialed or unlicensed employees who provide the following services to residents, consumers, or individuals receiving services in Texas Department of Aging and Disability Services regulated facilities or agencies:

- Direct care services;
- Personal care services;
- Active treatment; and
- Any other personal services

PURPOSE

The Employee Misconduct Registry (EMR) was implemented to tract acts of reportable conduct committed against facility residents/consumers, or individuals receiving agency services by unlicensed employees. Reportable conduct includes:

- Abuse or neglect that may cause death or harm to an individual
- Sexual abuse of an individual;
- Financial exploitation of an individual in an amount of \$25.00 or more; and
- Emotional, verbal, or psychological abuse that causes harm to an individual.

All DADS regulated facilities and agencies are also required to:

- Deny employment to any person who is listed on the registry as unemployable; and
- Provide written notification to all employees about the **EMR**.
- All incident reports against unlicensed employees (home health aides) will be made or sent to **The Texas Department of Aging and Disabilities Services Consumer Rights and Services Hotline at 1-800-228-1570**; and
- To the **Texas Department of Protective and Regulatory Services (PRS)** (for acts of abuse, neglect or exploitation against a client) at 1-800-252-5400.

Only acts of misconduct that occur on or after January 01, 2002 will be recorded in the Employee Misconduct Registry (EMR).

Only when all due process considerations by DADS and PRS are exhausted, is the individuals name listed on the registry as unemployable.

Applicant Signature

Date

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, religion, color, creed, gender, sex, age, national origin, marital, disability or veteran status or any other legally protected status. We are an at-will employer, any applicant accepted for employment can be terminated with or without notice.

PLEASE PRINT

Date of Application:	Social Security:	Position(s) Applied for:
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Last Name:	First Name:	Middle (if any)
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List any other names used if different from name given on this application:

Address	City	State	Zip Code
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Telephone Number(s):

Home _____	What time may we call this number? _____
Work _____	When are you available at this number? _____
Pager _____	Other telephone numbers where we may contact you: _____
Cellular _____	

General Information

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives, other than a spouse who, work for Caridad Healthcare Inc.? If yes, state name, relationship and location _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <small>Proof of citizenship or immigration status will be required upon employment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work _____/_____/_____	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Visit/ PRN <input type="checkbox"/> Contract	Shifts: <input type="checkbox"/> Any Shifts <input type="checkbox"/> Days Only <input type="checkbox"/> Evenings/Nights Only <input type="checkbox"/> Weekends Only <input type="checkbox"/> On Call Rotation
Are you willing to travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percent of the time? _____	
How did you learn about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Came in on my own <input type="checkbox"/> School <input type="checkbox"/> Agency Employee <input type="checkbox"/> Other: _____	

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

List all previous employment, start with the most recent/current job, include all contract and Per Diem work.

Employer	Dates of Employment	Work Performed
Address, City, State, Zip	From:	
Telephone Number(s)	To:	
Job Title	HOURLY RATE/SALARY	
Supervisor	Starting:	
Reason for Leaving	Final:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates of Employment	Work Performed
Address, City, State, Zip	From:	
Telephone Number(s)	To:	
Job Title	HOURLY RATE/SALARY	
Supervisor	Starting:	
Reason for Leaving	Final:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates of Employment	Work Performed
Address, City, State, Zip	From:	
Telephone Number(s)	To:	
Job Title	HOURLY RATE/SALARY	
Supervisor	Starting:	
Reason for Leaving	Final:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gap(s) in employment _____

IF A CERTIFICATE, LICENSE OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING: (Proof of any of the following will be required upon employment.)

License/Certification (RN, LVN, PT,OT, ST, CNA, etc.)	Date Issued	Issued by (State or other authority)	License No.

OTHER SKILLS/CERTIFICATION/SPECIALTIES (Proof of any certification(s) will be required upon employment)

- CPR IV Therapy Neonatology/Newborn Adults _____
 BCLS PICC Lines Chemo MD office/Clinic
 ACLS/PALS Pediatrics Enterostomal Therapy Other _____

List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.

Are you bilingual? _____ If "Yes", which language do you speak? _____

Additional Information

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.

Personal/Professional References

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			

NOTIFICATION IN CASE OF EMERGENCY

If employed, whom shall we call in case of emergency?

Name _____ Home Phone _____ Relationship _____

Address _____ City/State/Zip _____ Other No. _____

EMPLOYEE ACKNOWLEDGEMENT AND RELEASE OF INFORMATION

Please read and acknowledge the information below before you sign the application.

1. I hereby declare that I have accounted for all of my work experience, and training, and to the best of my knowledge, all the information I have provided on this application is true, complete and accurate. I understand that any false information or omission of information on this and other employment information will be sufficient reason not to consider me for employment or terminate me immediately if the same is discovered after employment with this company.
2. I understand that as a part of the procedure for processing this application, Caridad Healthcare Inc. may check all the references listed, including both work related and personal. I hereby authorize personnel from my past employers, my personal references, and persons inquired about me, to release any information and previous employee evaluations about my work skills, work habits, ability, personal character and reputation. I release them from any and all liability for doing so. I acknowledge that I will not hold Palm Paradise Home Health L.L.C. liable in any capacity for the release of the information.
3. I understand that pursuant to Human Resource Code, Title 6, Chapter 106, and the rules adopted by the State of Texas Department of Aging and Disability Services under 40 TAC 75.1001 et. Seq., may conduct a Criminal History Check for individuals seeking employment in a position whose duties will/could involve direct contact with a consumer of home health services. I hereby release Caridad Healthcare Inc. from any and all potential liability resulting from the investigation and any release of information learned during this process, including any damage of my reputation. I also understand that my driving of company owned or leased vehicles. I further understand that I may not be hired if either of these checks results in unfavorable information and understand that I may be terminated immediately after subsequent checks reveal any unfavorable information.
4. I understand and agree that, if I am offered employment with Caridad Health Care Inc. that I will be an “at will” employee only. I understand that this means that if employed, such employment is for an indefinite period and is subject to be terminated, changed, change in wages, conditions of employment, benefits, and operating policies with or without cause and with or without any prior notice. I understand that no contract of any kind is being offered. Furthermore, I understand that no company representative, other than the Administrator (and in writing) has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. This period, and all condition of employment, including benefits and compensation, may be changed or terminated at any time, for any reason, with or without cause by either myself, or by Caridad Healthcare Inc. No statements made in pre-hire interviews or discussion, nor statements made in recruitment materials or any kind, personnel handbooks, subsequent policies and procedures, policy manuals, or other company communications are never to be construed as altering the at-will nature of my employment with Caridad Healthcare Inc.
5. I understand that Caridad Healthcare Inc. does not have Workers Compensation Insurance coverage to protect its' employees from damages due to work related illness or injury.
6. I have been advised that Caridad Healthcare Inc. is a Smoke Free Workplace. Employees may not smoke or use smokeless tobacco products in any of Caridad Healthcare Inc.'s buildings, company vehicles, patients home, or other designated areas. Furthermore, I understand that Caridad Healthcare Inc. is also a Drug Free Company and therefore agree to take a drug and/or alcohol screen at ANY TIME while employed in any capacity by Caridad Healthcare Inc. I understand I will be terminated if the results of the screen are positive.

I HAVE READ ALL OF THE ABOVE INFORMATION VERY CAREFULLY, I FULLY UNDERSTAND THAT BY SIGNING MY NAME BELOW, I AM AGREEING TO THE TERMS OF ALL THESE STATEMENTS.

Signature of Applicant

Date

It is our policy to provide employment, training, compensation, promotion, and other conditions of employment based on qualification, without regard of race, color, creed, religion, national origin, sex, age, veteran status or disability.

We are an Equal Opportunity Employer

CONFIDENTIAL REFERENCE LETTER (1)

TO: Employer Name: _____

Attention of: _____

Address: _____ City, State, Zip: _____

Phone # _____ Fax: _____

RE: Applicant Name _____

Please Print

Dates Employed with above Employer: From: _____ To: _____

Title held while employed above: _____

Currently Employed Resigned Terminated Other: _____

One of your current/past Employees Students has applied for FT PT/PPV/PRN employment with our agency. This person has indicated current/past employment/association with your company and has requested this inquiry. The information you furnish will be held in strict confidence. Your prompt reply will be appreciated. In advance, thank you for your help in expediting this person's application.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of the information requested on the bottom of this form. I release the above agency and its employees from and all liability arising therefrom.

Applicant's Signature _____ Social Security No. _____ Date _____

INFORMATION REQUESTED OF CURRENT/PAST EMPLOYER: (To be completed by current/past/employer)

Are the above dates correct? Yes No (Specify) _____

If former employee no longer works for you, would you rehire? N/A Yes No (Specify) _____

If former employee resigned, did employee give proper notice? N/A Yes No (Specify) _____

<i>Please check:</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>No information</i>
Quality of work				
Job Knowledge				
Initiative				
Cooperation				
Attention				
Judgment				
Appearance				
Ability to work with others				
Dependable				
Self-Esteem				

Comments: _____

Signature of Person Completing This Section _____ Title _____ Date _____

CONFIDENTIAL REFERENCE LETTER (2)

TO: Employer Name: _____

Attention of: _____

Address: _____ City, State, Zip: _____

Phone # _____ Fax: _____

RE: Applicant Name _____

Please Print

Dates Employed with above Employer: From: _____ To: _____

Title held while employed above: _____

Currently Employed Resigned Terminated Other: _____

One of your current/past Employees Students has applied for FT PT/PPV/PRN employment with our agency. This person has indicated current/past employment/association with your company and has requested this inquiry. The information you furnish will be held in strict confidence. Your prompt reply will be appreciated. In advance, thank you for your help in expediting this person's application.

AUTHORIZATION TO RELEASE INFORMATION

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Applicant's Signature _____ Social Security No. _____ Date _____

INFORMATION REQUESTED OF CURRENT/PAST EMPLOYER: (To be completed by current/past/employer)

Are the above dates correct? Yes No (Specify) _____

If former employee no longer works for you, would you rehire? N/A Yes No (Specify) _____

If former employee resigned, did employee give proper notice? N/A Yes No (Specify) _____

<i>Please check:</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>No information</i>
Quality of work				
Job Knowledge				
Initiative				
Cooperation				
Attention				
Judgment				
Appearance				
Ability to work with others				
Dependable				
Self-Esteem				

Comments: _____

Signature of Person Completing This Section _____ Title _____ Date _____

STATEMENT OF EMPLOYABILITY

By execution of this document, I _____, hereby acknowledge that I have been informed by Caridad Healthcare Inc., that a criminal history check will be performed on my name. I have informed this agency of all names (i.e., maiden name, aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary or interim pending the results of the criminal history check.

A) I hereby profess that I have not been convicted of any of the following crimes which are a permanent automatic bar to employment by this agency:

- 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 (indecenty 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
- An offense under Section 36.06, Penal Code (obstruction or retaliation)
(*Effective September 1, 2011 note: if convicted prior or post this date*)
- An offense under Section 42.09, Penal Code (cruelty to livestock animals); or
Clarification effective September 1, 2011 regarding offenses under 42.09 (cruelty to livestock animals)
- An offense under Section 42.092, Penal Code (cruelty to nonlivestock animals)
(*Effective September 1, 2011 note: if convicted prior or post this date*)
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing the elements that are substantially similar to the elements of an offense listed above.

B) I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years
(*Applicable 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) [applicable to those hired on or after September 1, 2003];
- An offense under Chapter 31, Penal Code (theft punishable as a felony)[applicable to those hired on or after September 1, 2001]
- 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) [applicable to those hired on or after September 1, 2003];

- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or felony) [applicable to those hired on or after September 1, 2003];.
 - 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).
- 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) In addition to the prohibitions on employment prescribed by Subsections (A), (B), and (C) , a nurse aide listed as unemployable per amendment to TAC 40, §94.01(1), and §94.11(C)(D) and is listed on the NAR or EMR stating a finding, of abuse, neglect, or misappropriation will not be recertified therefore, is unemployable.
- E) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully complete 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 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 that 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 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

Print Name

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

- Criminal History Check completed on-line
- OIG Exclusion List [http:// www.exclusions.oig.hhs.gov/](http://www.exclusions.oig.hhs.gov/)
- OIG State Exclusions List <https://oig.hhsc.state.tx.us/exclusions/search.aspx>
- EMR checked online: <https://emr.dads.state.tx.us/DadsEMRWeb/>
- NAR checked online: <http://www.dads.state.tx.us/providers/NF/credentialing/sanctions/index.cfm>
- Applicant Employable
- Applicant not employable

Verified by: _____ Date: _____