

Application For Employment

Our Agency is a Drug Free Workplace.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for	Date of Application		
How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> <input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name	
Maiden Name and/or Aliases			
Address	City	State	Zip Code
Telephone Number(s)			

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work: Full Time Part Time
 Shift Work Temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Will you work over-time if required? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

(Criminal History checks are done on non-licensed applicants.)

Have you ever been excluded from participating as a provider and/or employee in either the Medicare or Medicaid Program(s)? Yes No

If Yes, Please explain _____

Driver's license _____ State _____

Depending upon job description, employee may be required to have his/her own transportation and automobile liability insurance coverage.
(Motor vehicle record checks are done on all employees.)

Professional license _____ Date of original issue _____

Education

	Elementary School				High School				Undergraduate College/University				Graduate/ Professional				
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. List all previous work experience.

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone	Starting	Final	
Job Title			
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone	Starting	Final	
Job Title			
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone	Starting	Final	
Job Title			
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Telephone	Starting	Final	
Job Title			
Supervisor			
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name

Address

Telephone

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

Are you physically or otherwise able to perform the duties of the job for which you are applying?
(See appropriate job description.)

Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that consideration for employment is conditional upon the results of reference checks, and I authorize Employer to contact former employers and references, and authorize contacted person to respond to questions.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

If hired I understand that I must submit proof that I am legally authorized to work in the United States.

This application is not to be construed as a contract of employment.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____

Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____

Department _____

By _____ Date _____

Name and Title

Date

NOTES:

STATEMENT OF EMPLOYABILITY

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

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 (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 of visual recording);
- An offense under Section 22.01, Penal Code (assault Class A Misdemeanor or Felony conviction, which occurred with in the previous five years;
- 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 (assault, aggravated sexual);
- 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 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual)
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- 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.

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) [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 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 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);

- An offense under Section 42.09, Penal Code (cruelty to animals)
- An offense under Section 42.092, Penal Code (cruelty to non-livestock animals).

In addition to the prohibitions on employment prescribed by (A), (B) and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(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.

- Chapter 481 (Texas Controlled Substance Act: a conviction that is punishable as a felony {involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus})
- 15.01 Texas Penal Code (criminal attempt of any offense listed as a bar)
- 43.03 Texas Penal Code (promotion of prostitution)
- 43.04 Texas Penal Code (aggravated promotion of prostitution)
- 43.05 Texas Penal Code (compelling prostitution)
- 43.25 Texas Penal Code (sexual performance by a child)
- 43.26 Texas Penal Code (possession or promotion of child pornography)

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, 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