



Home Nursing & Therapy Services

Locally Owned and Operated Since 1982

EMPLOYMENT APPLICATION

Date: ____ / ____ / ____

Full Name: _____

Current Address: _____

City: _____, State: _____ Zip: _____

Phone #'s Where You May Be Reached: (Day) _____ (Evenings) _____ (Wkends) _____

Are You 18 Years of Age Or Older? Yes: ____ No: ____ Social Security Number: _____

The law requires *HNTS* to conduct a criminal investigation through the Texas Dept. of Public Safety. I understand that as an applicant, I will be subject to state laws, which mandate that persons convicted of certain crimes may not be employed by *HNTS*.

Do you have the physical and/or mental capability to perform the essential functions of the job? Yes: ____ No: ____

If no, state the accommodations that would allow you to perform the job. _____

EDUCATIONAL HISTORY

Type of School	Name & Location of School	Years attended	Graduated	Degree
High School		9 10 11 12		
College		9 10 11 12		
College		9 10 11 12		
Other		9 10 11 12		

Position applying for? _____

Do you have any other skills applicable to the position applying for? _____

EMPLOYMENT AVAILABILITY

Hrs available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Do you speak any other language than English? _____

Do you have transportation to work? Yes: ____ No: ____

Do you have a Certified Home Health Aide Certificate? Yes: ____ No: ____ From what agency? _____

In case of emergency, who would you like us to notify? Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

EMPLOYMENT HISTORY

Previous Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Position or duties: _____ From: ____/____/____ To: ____/____/____
Supervisor name: _____ Reason for Leaving: _____

EMPLOYMENT HISTORY

Previous Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Position or duties: _____ From: ____/____/____ To: ____/____/____
Supervisor name: _____ **Reason for Leaving:** _____

EMPLOYMENT HISTORY

Previous Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Position or duties: _____ From: ____/____/____ To: ____/____/____
Supervisor name: _____ Reason for Leaving: _____

PROFESSIONAL REFERENCES

Name _____ Number _____ Relationship _____
Name _____ Number _____ Relationship _____
Name _____ Number _____ Relationship _____

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENTS

I certify that all information given in this application is true and complete. I understand that misrepresentation or omission of information may be cause for cancellation of my consideration for employment or termination, if already employed, and that employment may also be contingent upon my ability to perform specific job-related duties, with or without accommodation. I further understand that this is an employment "at will" application, and that no employment contract is being offered. If employed, such employment is for an indefinite period of time and is subject to changes in wages, conditions, benefits, and operating requirements. I further acknowledge that employment is contingent on I-9 verification of eligibility for employment. I understand *Home Nursing & Therapy Services* is a voluntary non-subscriber to workers' compensation.

Applicant Signature: _____ **Date:** _____

REFERENCE CHECKS

I authorize the references listed above to give you any and all information concerning my employment with them, and pertinent information they may have, personal or otherwise. **Further, I release all parties from all liability for any damage that may result from furnishing such information to you.**

Applicant Signature: _____ **Date:** _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.



Home Nursing & Therapy Services

Locally Owned and Operated Since 1982

STATEMENT OF EMPLOYABILITY

Name (Last, First, Middle)		Maiden Name	Date Hired
Other Names (aliases, married name, etc.)			
Date of Birth (mm/dd/yy)	Race/Ethnicity	Sex [] Male [] Female	Social Security #

By execution of this document, I acknowledge that I have been informed and agree that *Home Nursing & Therapy Services* will perform a State of Texas criminal history check, search the Nurse Aide Registry and Employee Misconduct Registry to determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this agency.

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 if I have been employed on an emergency basis and that my employment is temporary pending the results of the criminal history, Nurse Aide Registry and Employee Misconduct Registry check.

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 (kidnapping and false imprisonment);
- ◆ An offense under 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); 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 under Subdivisions (1)-(13).
- ◆ A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable by a felony may not be employed in a position, the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date of the conviction.

(B) A person may also be barred from employment the duties of which involve direct contact with a client in a facility if convicted of any of the following crimes within the past 5 years:

- ◆ An offense under Section 22.01, Penal Code (assault 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 a punishable as a felony);
- ◆ An offense under Section 32.45 Penal Code (misapplication of fiduciary property of property of financial institution), this 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 punishable as a Class A misdemeanor or felony).
- ◆ An offense under section 37.12, Penal Code (false identification as a 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, §94.10(1) and §94.11(c) (d) and is listed on the NAR or EMR stating a finding of neglect or 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 completes 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 acknowledge that if I am found to have been convicted of any other offense(s), that this/these offense(s) may also bar my employment.

I understand that all information obtained by *Home Nursing & Therapy Services* regarding any criminal history and employee misconduct 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

Printed Name

Date

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

- Criminal History Check completed on-line
- EMR checked by telephone (800-452-934)
- NAR checked by telephone (800-452-9334)
- Applicant employable
- Applicant not employable

Verified by:
HCL / Background Check Rvd. 110108



www.hnts.org

Home Nursing & Therapy Services

Locally Owned and Operated Since 1982

Date: _____

Dear _____,

The importance of checking references on personnel working in a life/death situation cannot be overemphasized.

The applicant whose signature appears below has given your name as a source of reference. May we count on your assistance in substantiating the qualifications of our applicant?

You can count on our strict confidence in handling any information you may want to let us have. For your convenience, you may return this by fax at (210)822-8863

Thank you in advance for your courtesy and cooperation.

Sincerely,

Personnel Manager

Applicant: _____ Social Security #: _____ - _____ - _____

Position Held: _____ Dates Employed: From _____ To _____

I hereby authorize the following information be released to *Home Nursing & Therapy Services*.

Date: _____ Signature: _____

Please comment on the applicant's following attributes:

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Quality of work				
Reliability & punctuality				
Adaptability to situations				
Health				
Attendance				
Quantity of work				
Initiative				
Overall Nursing Skills				

Specialty Nursing Experience (please be specific): _____

General Comments: _____

Subject to Rehire: Yes: _____ No: _____ If no, why not: _____

Signature: _____ Position: _____ Date: _____