

Application for Employment

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Position Desired: _____ Date available? _____

Full-Time Part-Time PRN/Per Diem Are you willing to work hours other than 8-5? Yes No

What days are you unable to work? _____

Are you willing to travel? Yes No If yes, what percent of time? _____

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION: (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes No

If yes, name/ location of high school or GED institute: _____

Type of School	Name and Location	Dates Attended	Date Graduated	Degree Type
Undergraduate College or University				
Graduate School				
Technical or Vocational School				

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LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issues	Date Expires	Issued by:	License #:

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SKILLS:

Special Training/Skills/Qualifications: List all job related training or 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. (Attach additional page, if necessary.)

Do you speak a language other than English? Yes No
 If yes, what language(s) do you speak? _____
 Do you use sign language? Yes No
 Have you ever been employed by this company? Yes No
 Do you have any relatives employed by this company? Name and relationship: _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)
 Are you a veteran? Yes No If yes, list type of discharge: _____
 Dates of Service (From/To): _____

REFERENCES

Name three persons (not related) who have knowledge of your professional qualifications and whom we have permission to contact. Preferably persons under whom you have worked.

Name	Title/Occupation	Where Employed	Contact

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EMPLOYMENT HISTORY

List All Employment Since Graduation (Present Or Most Recent Position First)
Employer: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____
 Position: _____ Supervisor Name: _____
 Duties:

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Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____

Position: _____ Supervisor Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____

Position: _____ Supervisor Name: _____

Duties: _____

Reason for Leaving: _____

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds the employer to terminate my employment without notice. I authorize my previous employers, schools or persons named as reference to give any information regarding my employment together with information they may have regarding me, whether or not it is on their records. I agree that the named company and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby release said employers, schools or persons from all liability for any damages whatsoever for issuing this information.

Signature: _____ Date: _____

Authorization For Background Check

Name: _____ SSN: _____ Date of Birth: _____

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I authorize an investigation into my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand they will utilize an outside firm to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

- I have informed this agency of all names (i.e., maiden, aliases) that I have used in the past.
- I acknowledge I have been informed and agree to the following checks:
 - A State of Texas criminal history check and
 - Search of the Nurse Aide Registry (NAR) and
 - Search of the Employee Misconduct Registry (EMR)
- I understand that my employment is pending the results of these checks and that I may not have patient contact until all results are concluded.
- I understand that I am not employable if I am listed in the Employee Misconduct Registry or if I have a criminal conviction or offense that bars me from employment with this Agency.
- I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may bar my employment as determined by the hospice.
- I understand that all information obtained by this agency regarding any criminal history will remain confidential.
- I have been informed that agency will also conduct a search of the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) on an annual basis.

Employee Signature: _____ **Date:** _____

FOR AGENCY USE ONLY:

EMR/ NAR checked by using DADS' Employability Status Search website at:

<https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp>

Applicant/employee/Unlicensed Contractor is employable.

Applicant/employee/Unlicensed Contractor is not employable.

Criminal History Check completed

Applicant / employee has no offense(s) and is employable.

Applicant/employee has offense(s) which bar employment and is not employable.

Applicant/employee has offense(s) which does not bar employment; offense(s) reviewed and determined to contradict employment and is not employable.

Applicant/employee has offense(s) which does not bar employment; Offense(s) reviewed and determined not to be a contradiction to employment and is employable.

Verified By: _____ **Date:** _____

Health and Safety Code

Title 4 Health Facilities

Subtitle B Licensing of Health Facilities

Chapter 250 Nurse Aide Registry And Criminal History Checks Of Employees and Applicants For Employment In Certain Facilities Serving The Elderly, Persons With Disabilities, Or Persons With Terminal Illnesses

Sec. 250.006. Convictions Barring Employment.

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

- (1) an offense under Chapter 19, Penal Code (criminal homicide);

Authorization For Background Check

- (2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
 - (3) an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecent with a child);
 - (4) an offense under Section 22.011, Penal Code (sexual assault);
 - (5) an offense under Section 22.02, Penal Code (aggravated assault);
 - (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - (8) an offense under Section 22.08, Penal Code (aiding suicide);
 - (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - (10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
 - (11) an offense under Section 28.02, Penal Code (arson);
 - (12) an offense under Section 29.02, Penal Code (robbery);
 - (13) an offense under Section 29.03, Penal Code (aggravated robbery);
 - (14) an offense under Section 21.08, Penal Code (indecent exposure);
 - (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - (17) an offense under Section 22.05, Penal Code (deadly conduct);
 - (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - (19) an offense under Section 22.07, Penal Code (terroristic threat);
 - (20) an offense under Section 32.53, Penal Code (exploitation of a child, elderly individual, or disabled individual);
 - (21) an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - (22) an offense under Section 34.02, Penal Code (money laundering);
 - (23) an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - (24) an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - (25) an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to nonlivestock animals); or
 - (26) 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.
- (b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - (2) an offense under Section 30.02, Penal Code (burglary);
 - (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
 - (4) 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;
 - (5) 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;
 - (6) an offense under Section 37.12, Penal Code (false identification as peace officer); or
 - (7) 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:
- (1) of an offense under Section 30.02, Penal Code (burglary); or
 - (2) 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 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.

Reference Request

Novel Hospice Care
7920 Belt Line Road Suite 255A
Dallas TX 75254
(972) 994-9395

Name: _____ Date: _____

I authorize my previous employer to release any and all information relating to my employment with them to the above company. I further release and hold harmless both parties from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Employee Signature: _____ Date: _____

Previous Employer:

Company Name: _____

Company Contact Name: _____

Company Contact Number: _____

Internal Use Only:

Dates of Employment: _____

Position Held: _____

Other Information Requested/Received:

Witness Signature: _____ Date: _____