

## **Application Disclaimer**

This product is not a substitute for the advice of an attorney. You should not use this document without first seeking legal and other professional advice.

HealthCare ConsultLink

## Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Address

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are You at Least 18 Years Old?  Yes  No

Position Applying For: \_\_\_\_\_  Full Time  Part Time Per Visit  Pool Shift:  Day  Night  
 Part Time  Evening  W/E

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_ If you are not a US Citizen, do you have 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

### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

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

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

List languages spoken other than English:

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

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 incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <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:

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Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
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Describe your job title, responsibilities and accomplishments:

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NAME: \_\_\_\_\_

PERSONAL REFERENCES: (Name, Phone, Relationship) \_\_\_\_\_

\_\_\_\_\_  
In case of an emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Out of state contact, if possible \_\_\_\_\_ Relationship \_\_\_\_\_

**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 facility 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 facility 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 facility, my employment will be for no definite term and that either I, or the facility 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 facility.
- I understand, if I am an unlicensed person and if I have direct patient contact that the Agency will perform a background check, including criminal history check, OIG exclusion list check (if applicable), and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person, the Agency will perform 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 HHS-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 Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's 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 HHS-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.

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	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:	Position: Salary:	Start Date: FT/PT/Per Visit
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## Reference Request

Date: \_\_\_\_\_ Check method of gathering reference data:  Verbal  Mail

Name of person giving reference: \_\_\_\_\_ Facility: \_\_\_\_\_

The individual named below is applying for a position as \_\_\_\_\_ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance \_\_\_\_\_  
(Name of Company Representative)

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### Applicant Release

Applicant \_\_\_\_\_  
Last First MI Maiden

Position Held \_\_\_\_\_

Social Security # \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

\_\_\_\_\_  
Applicant Signature Date

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1) Please confirm the applicant's employment. From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

2) Please comment on the applicant's attributes using the following scale:  
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work \_\_\_\_\_

Knowledge & Skills \_\_\_\_\_

Reliability & Attendance \_\_\_\_\_

Cooperation \_\_\_\_\_

Competence \_\_\_\_\_

Supervisory ability & capacity \_\_\_\_\_

Grooming \_\_\_\_\_

3) Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_

4) Please indicate any special considerations necessary when giving assignments to this individual: \_\_\_\_\_

5) Is applicant eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

Please attach any additional comments.

\_\_\_\_\_  
Signature Position/Title Date

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Please attach any additional comments.

\_\_\_\_\_  
Signature Position/Title Date