

Helping Hearts Sitter Service LLC

Application for Employment

It is this facility's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or disability.

Applicant Name: _____

Present Address
City/State/Zip: _____

Phone: _____ Social Security Number: _____ Are You at Least 18 Years Old? Yes No

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

Salary Requirements: _____ Date Available _____
 If you are not a US Citizen, have you 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

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No If Yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? Yes No If Yes, give date, place and nature of each such conviction.

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 or disability.

List languages spoken other than English:

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

In case of an emergency notify:

Name: _____ Relation: _____ Number: _____

Work History

Helping Hearts Sitter Service LLC

Application for Employment

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 include City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full Time	Salary	Reason For Leaving
Date Left	<input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full Time	Salary	Reason For Leaving
Date Left	<input type="checkbox"/> Per Visit <input type="checkbox"/> Part Time		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full Time	Salary	Reason For Leaving
Date Left	<input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments:

PERSONAL REFERENCES: (Name, Phone, Relationship)

Helping Hearts Sitter Service LLC

Application for Employment

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 who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

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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Pre-Employment Interview: _____

Statement Of Employability

By execution of this document, I acknowledge that I have been informed by Helping Hearts Sitter Service LLC and agree that Helping Hearts Sitter Service LLC may conduct a State of Texas criminal history check and search the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) per Texas Administrative Code §93.3 and Chapter 253, Texas Health and Safety Code, Employee Misconduct Registry. 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 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.

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 my employment is pending the results of the criminal history check, Nurse Aide Registry and the Employee Misconduct Registry verification. I understand that I may not have client contact until all results are concluded.

Convictions Barring Employment

Health and Safety Code §250.006

- 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:
- An offense under Chapter 19, Penal Code (criminal homicide);
 - An offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
 - 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);
 - 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 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 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 21.08, Penal Code (indecent exposure);
 - 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 22.05, Penal Code (deadly conduct);
 - An offense under Section 22.021, Penal Code (aggravated sexual assault);
 - An offense under Section 22.07, Penal Code (terroristic threat);
 - 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);
 - 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 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to nonlivestock animals); 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 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:

Statement Of Employability

- An offense under Section 22.01, Penal Code (assault), that is 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 punishable as a felony;
 - An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
 - An offense under Section 32.46, Penal Code (securing execution of document by deception), that is punishable as a Class A misdemeanor or a felony;
 - An offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); 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. 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 these offenses may 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/Unlicensed Contractor/Employee

Date

FOR AGENCY USE ONLY:

Texas and Safety Code §253.008. Verification of Employability Employee Misconduct Registry (EMR); Nurse Aide Registry (NAR)

- EMR/ NAR checked by using DADS' Employability Status Search website at: <https://emr.dads.state.tx.us/DadsEMRWeb/>
- Applicant/employee/Unlicensed Contractor is employable Applicant/employee/Unlicensed Contractor is not employable
- Criminal History Check completed by one of the following methods: Electronically, disk or by typewritten form submitted to the Department of Public Safety (DPS) for unlicensed applicant/employee with face to face contact with client.
- 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

Reference Request

Helping Hearts Sitter Service LLC

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)

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

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

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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