



APPLICATION FOR EMPLOYMENT

This application for employment will not be considered unless fully completed

PERSONAL INFORMATION

DATE: _____

Last Name	First	Middle	Social Security Number
Any other name(s) needed to verify contents of this application:			
Present address (number and street)		City	State
Phone		If other than yours, whose?	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, give date of birth:	

EMPLOYMENT DESIRED

Position applying for <input type="checkbox"/> CNA <input type="checkbox"/> CMA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Other:		What wage do you expect
Are you employed now <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, can we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hours available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Will you accept employment of: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?
Were you previously employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?

EDUCATION

School	Name and location of school	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma Received
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If licensed, registered or certified – please give details (certificate no., expiration date, State, etc.)

REFERENCES

List two people (no relatives) with whom you have worked and whom we may contact for a reference.

Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone #:		Phone #:	
Occupation:		Occupation:	



**EQUAL OPPORTUNITY EMPLOYER
IF ASSISTANCE IN THE APPLICATION OR HIRING PROCESS IS NEEDED
TO ACCOMMODATE A DISABILITY, PLEASE ADVISE US**

GENERAL INFORMATION

Have you been convicted of a crime in the past 10 years? Yes No
 If you answered yes to the questions above, explain below:

Have you received discipline or restrictions on your license in the past 10 years? Yes No
 If you answered yes to the questions above, explain below:

In case of emergency, notify:
 Name: _____ Address: _____ Contact Number: _____

EMPLOYMENT HISTORY (Start with the most recent and work backwards)

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of employer	Employment Month and Year From: _____ To: _____	Reason for Leaving
Address	Position Held	
Name of Supervisor	Salary	
Telephone	Eligible for re-employment <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you worked in any nursing home or hospital other than those listed above? Yes No

CERTIFICATION

“I certify that all statements in this application are true and complete to the best of my knowledge and understand that, if employed, misrepresentation or omission of facts called for is cause for dismissal.
 I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and release all parties from any liability for any damage that may result from furnishing same to you.”

Signature: _____ Date: _____



PLEASE READ

I understand that my application for employment will be active for (60) days from date of completion. If I am not hired during this period of time, I must let this facility know I am still available and desire employment.

I understand that final approval for employment will be subject to my meeting nursing home health standard requirements for employment.

I understand that it is my responsibility to keep the facility informed concerning changes in my availability to work.

I hereby certify that all of the above statements are true and I understand and agree that I am subject to immediate discharge without recourse if information provided is found to be untrue.

I voluntarily authorize this facility to contact any or all of my past or present employers and to otherwise investigate my past employment and any other statement contained in this application.

I further understand that final approval for employment will be subject to this investigation.

I authorize all my past or present employers to furnish to this facility all information they may have concerning me and I hereby release them and this facility from all liability or any damage whatsoever arising therefore.

I give my permission for this facility to run a criminal background check, both State and National if applicable.

I give my permission for an alcohol/drug screen test upon request at any time during my employment.

Signature

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	