

Compassionate Hearts Home Health Care LLC

Employment Application

As an equal opportunity employer, the Agency will not discriminate in the provision of employment with respect to age, race, color, religion, moral convictions, military status, gender preference, sex, marital status, national origin, disability, or source of payment.

Applicant Name: _____

Address (Street, City, State, Zip): _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Full Time Per Visit Shift: Day Night
 Part Time _____ Evening Weekend

Position Applying For: _____

Salary Requirements: _____ Date Available: _____

Do you meet the age requirements for the job for which you are applying? Yes No

If you are not a U. S. citizen, are you legally authorized to work in the U. S.? Yes No

Do you have reliable 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 and Location of School	Circle Last Year Attended				Graduated YES/NO	Degree
High School		9	10	11	12		
College		1	2	3	4		
College		1	2	3	4		
Other		1	2	3	4		

Professional licenses (Type, License Number, State): _____

List any memberships in professional organizations, honors, activities, etc. that 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 and experiences you have that are applicable to the position for which you are applying, such as using office equipment and computers, etc.: _____

In case of an emergency notify:

Name: _____ Address: _____ Phone Number: _____

In case of an emergency notify (individual out of state preferred):

Name: _____ Address: _____ Phone Number: _____

Employment History - Attach an additional page listing other work experiences pertinent to the position for which you are applying if more space is needed.

Company Name: _____ Type of Business: _____

Address (Street, City, State, Zip): _____

Supervisor's Name: _____ Phone Number: _____

Job Title: _____ Dates of Employment: _____

Full Time Per Visit Shift: Day Night Reason for Leaving: _____

Part Time _____ Evening Weekend May we contact your Supervisor? Yes No

Describe your responsibilities: _____

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Company Name: _____ Type of Business: _____

Address (Street, City, State, Zip): _____

Supervisor's Name: _____

Phone Number: _____

Job Title: _____

Dates of Employment: _____

Full Time Per Visit Shift: Day Night

Reason for Leaving: _____

Part Time _____ Evening Weekend

May we contact your Supervisor? Yes No

Describe your responsibilities: _____

Company Name: _____ Type of Business: _____

Address (Street, City, State, Zip): _____

Supervisor's Name: _____

Phone Number: _____

Job Title: _____

Dates of Employment: _____

Full Time Per Visit Shift: Day Night

Reason for Leaving: _____

Part Time _____ Evening Weekend

May we contact your Supervisor? Yes No

Describe your responsibilities: _____

Personal References

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Attestations

I attest that the information in this application is true, accurate, and complete, to the best of my ability. The Agency may verify this information. If I am hired and then it is found that the information is untrue, inaccurate, and/or incomplete, I understand and agree that the Agency is relieved of all commitments, financial or otherwise, pertinent to my employment, and that I am subject to immediate termination without recourse.

I attest that I understand if I am an unlicensed person who has direct patient contact, the Agency will conduct a criminal history check, and background checks of the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) before I am hired. The NAR and EMR checks will be done annually if I am hired. If I have been convicted of a crime that bars employment, I will not be hired. If, at any time, I have offenses listed on the NAR and/or the EMR, I will not be hired.

I attest that I understand the Agency will conduct checks of the state and federal Office of Inspector Generals' List of Excluded Individuals and Entities before I am hired and monthly.

I attest that I understand if I am hired, the Agency will submit the Texas Employer New Hire Reporting Form to the Texas Attorney General's office.

I attest that I understand this Employment Application does not constitute a contract.

I attest that I understand and agree that if I am offered employment by the Agency, my employment will be "at-will" for no definite period of time and that either I, or the Agency, 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 changed by a written contract of employment that is specific as to all material terms and is signed by me and the Administrator, or designee, of the Agency.

Releases

I authorize any prior employers to provide information requested concerning my employment with them.

I authorize the Registrar/Placement Office of all educational institutions I attended to release an official copy of my transcript and, if available, faculty appraisals.

I authorize any licensing board to release full information about my license status and license history, if applicable.

Applicant Signature: _____ Date: _____

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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 Notes: _____

Use the Personnel Manual Addendum form if more space is needed.