

Essential Home Health

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Name (Last name first)		Present Address		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	Work Phone:	Cell:	
Position Desired	Date you can start	Salary Desired		
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of last supervisor at this company			

EDUCATION

Name of School	School Location City & Location	Did you Graduate? List year	List degree Attained	Number of years Attended	Major Field of study	Name used while at this school
High School						
College Trade, Business, Correspondence, or Professional School						

EMPLOYMENT HISTORY Please list your employers for the last five years starting with the most recent.

Starting Date:	Name of present or last Employer:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:	
Ending Date:	City:	State:
Starting Salary:	Supervisor Name:	Title:
Ending Salary:		Phone:
Job Title:	Description of work:	
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other		

Starting Date:	Name of present or last Employer:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Street Address:	
Ending Date:	City:	State:
Starting Salary:	Supervisor Name:	Title:
Ending Salary:		Phone:
Job Title:	Description of work:	
Reason for leaving: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntarily Quit <input type="checkbox"/> Involuntarily Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Other		

REFERENCES List the names of 3 persons you are not related to, whom you have known for more than a year.

If possible, list persons you have worked with and persons whom know you well.

Please check phone numbers to verify they are working numbers.

Name	Address, City & State	Phone	Relationship to Reference	Years Acquainted
		PHONE NUMBER		
		PHONE NUMBER		
		PHONE NUMBER		

ESSENTIAL HOME HEALTH STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by ESSENTIAL HOME HEALTH that a state of Texas criminal history check will be performed on my name. I have informed the agency of all names (i.e. maiden, aliases) that I have used in the past.

I also understand that if I am unlicensed applicant who has face to face contact with the agency clients/patients, the agency will search the EMR/NAR upon hire and annually upon anniversary date. Agency will also conduct monthly and upon hire status the federal and state OIG. If I am listed as unemployable in either registry at any time, I cannot be employed by this agency.

Below is the information needed to conduct all checks:

Name: _____ Date of Birth: _____

Alias: _____ Social Security: _____

Conviction Barring Employability:

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

- **Chapter 19** — Criminal homicide: includes Murder, Capital Murder, Manslaughter, or Criminally negligent homicide
- **Chapter 20** — Kidnapping and unlawful restraint
- **§21.02** — Continuous sexual abuse of young child or children
- **§21.08** — Indecent Exposure
- **§21.11** — Indecency with a child
- **§21.12** — Improper relationship between educator and student
- **§21.15** — Improper photography or visual recording
- **§22.01** — Assault: Class A Misdemeanor or Felony conviction, which occurred within the previous five years.
- **§22.011** — Assault, Sexual
- **§22.02** — Assault, Aggravated
- **§22.021** — Assault, Aggravated Sexual
- **§22.04** — Injury to a child, elderly individual, or disabled individual
- **§22.041** — Abandoning or endangering a child
- **§22.05** — Deadly Conduct
- **§22.07** — Terroristic Threat
- **§22.08** — Aiding suicide
- **§25.031** — Agreement to abduct from custody
- **§25.08** — Sale or purchase of a child
- **§28.02** — Arson
- **§29.02** — Robbery
- **§29.03** — Robbery, Aggravated
- **§30.02** — Burglary: a conviction which occurred within the previous five years.
- **Chapter 31** — Theft: a conviction that is punishable as a felony which occurred within the previous five years.
- **§32.45** — Misapplication of fiduciary property or property of a financial institution: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.
- **§32.46** — securing execution of a document by deception: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.
- **§33.021** — Online solicitation of a minor
- **§34.02** — Money laundering
- **§35A.02** — Medicaid fraud
- **§36.06** — Obstruction or Retaliation
- **§37.12** — false identification as a peace officer: a conviction which occurred in the previous five years.

- §42.01(a)(7),(8), or(9) — Disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years.
- §42.09 — Cruelty to animals
- §42.092 — Cruelty to nonlivestock animals
- 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 above.

Additional to Bars to Employment

Bars pursuant to Texas Administrative Code, Title 40, Part 1, Chapter 3, §3.201 Texas Health and Safety Code

- **Chapter 481** — Texas Controlled Substances Act: a conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus).

Texas Penal Code

- §15.01 — Criminal Attempt of any offense listed as a bar
- §43.03 — Promotion of Prostitution
- §43.04 — Aggravated Promotion of Prostitution
- §43.05 — Compelling Prostitution
- §43.25 — Sexual Performance by a Child
- §43.26 — Possession or Promotion of Child Pornography

Authorization and Understanding Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any misstatements or omission of material facts in this application or in the hiring process shall be grounds for disqualification or termination of employment. I certify that there is no willful misrepresentation and that all information given is true and complete to the best of my knowledge.

I authorize you or your representative, at the time of hire for employment or at any time while I am employed, to verify any of the information concerning my employment, credit, education, criminal history, driving history, personal references, and military history, EMR/NAR or Federal/State OIG checks with the appropriate individuals and / or institutions. I authorize them to release such information as you require, including disciplinary employment record, without any obligation to give me notice of such disclosure. I understand that all information obtained by Essential Home Health regarding my criminal history will remain confidential.

I hereby release you and your representatives from any liability whatsoever as a result of such inquiries and disclosures. I agree that any false information or omission of pertinent information may subject me to disqualification for employment or termination of employment at any time during the period of employment. If hired, I will serve at the will of the employer and agree to these arrangements.

APPLICANT SIGNATURE

DATE

FOR AGENCY USE ONLY

- Criminal History Check completed
- Employee Misconduct Registry (EMR) check completed
- Nurse Aide Registry (NAR) check completed
- Office of the Inspector General (OIG) check completed
- _____ Employable _____ Non Employable

Verified Completed by: _____



DPS Computerized Criminal History (CCH) Verification

I, _____, acknowledge that a Computerized Criminal History (CCH)

APPLICANT NAME (Please Print)

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 and individual's criminal history date 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 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.tx.dps.state.tx.us/Crime Records/Review of Personal Criminal History 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

ESSENTIAL HOME HEALTH

Agency Name

CARISSA LONGORIA

Agency Representative Name

Signature of Agency Representative

Date

OFFICE USE ONLY	
Check and Initial Each Applicable Space	
CCH Report Printed	_____ Yes _____ No
(If checked yes and report was printed)	
Date Printed:	_____ Initial
Destroyed Date:	_____ Initial
PURPOSE OF CCH:	___ Employment ___ Other _____
Employed	___ Yes ___ No _____ Initial
Volunteer/Contractor	___ _____ Initial
RETAIN IN YOUR FILES	