

NEW ERA HOME HEALTHCARE SERVICES

Application for Employment

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

Applicant Name: _____ DOB: _____

Present Address
City/State/Zip: _____

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

Drivers License # _____ Issuing State _____ Expiration Date _____

Have you ever been employed at this facility? Yes _____ No _____ Year _____ Department _____
 Full Time Part Time per Visit Shift: Day Night
 Position Applying For: Part Time Pool Evening W/E

If you are not a US Citizen, have you the
 Salary Requirements: _____ Available: _____ legal right to remain permanently in the US? Yes No

Who referred you to us? _____ Neighbor _____ Employee _____ Agency _____ Friend _____ Newspaper _____
 Name of Agency _____

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

Education 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:		

MILITARY STATUS

VETERAN OF U.S. ARMED FORCES YES NO

Dates: FROM _____ TO _____ RANK ON ENTERING _____ RANK AT DISCHARGE _____

Did you attend a Professional School? Yes ___ No ___

TYPE	LOCATION	PERIOD OF ATTENDANCE		DID YOU GRADUATE
		FROM	TO	
Nursing	_____	_____	_____	_____
Practical Nursing	_____	_____	_____	_____
X-Ray	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Other	_____	_____	_____	_____

Licensure and Professional Activities

Licensed in (State)	Registration Number	Date Last Registered
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	Salary	Reason For Leaving
			OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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	Salary	Reason For Leaving
			OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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	Salary	Reason For Leaving
			OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

Name: _____

PERSONAL REFERENCES: (Name, Phone, 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 to all material terms and is signed by me and the Administrator of the facility.

- I understand, if I am unlicensed person who has direct patient contact, that the agency will perform and 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 institution attend 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: _____

NEW ERA HOME HEALTHCARE SERVICES – 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)

Application Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Date Employed _____ 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

NEW ERA HOME HEALTHCARE SERVICES

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)

Application Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Date Employed _____ 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

6) Please confirm the applicant's employment. From _____ To _____
Date Date

7) 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 _____

8) Please indicate specialty areas in which the applicant has had experience: _____

9) Please indicate any special considerations necessary when giving assignments to this individual: _____

10) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check and search the Nurse Aide Registry and the Employee Misconduct Registry to determine if I have a criminal conviction or have committed conduct that will bar me from employment with this Agency.

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 I have been employed on an emergency basis and that my employment is temporary pending the results of the criminal check.

CONVICTIONS BARRING EMPLOYMENT

- (A) A person for whom the facility 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:
- An offense under Chapter 19, Penal Code (criminal homicide)
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint)
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children)
- An offense under Section 21.08, Penal Code (indecent exposure)
- An offense under Section 21.11, Penal Code (indecent with a child)
- 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 22.011, Penal Code (sexual assault)
- An offense under Section 22.02, Penal Code (aggravated assault)
- An offense under Section 22.021, Penal Code (aggravated sexual assault)
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual or a disabled individual)
- An offense under Section 22.041, Penal Code (abandoning or endangering a child)
- An offense under Section 22.05, Penal Code (deadly conduct)
- An offense under Section 22.07, Penal Code (terroristic threat)
- 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 a 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 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 42.08, Penal Code (cruelty to 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.
- An offense the Age3ncy determines to be contraindicated to employment with the consumers the Agency serves
(B) A person may also be barred from employment if convicted of any of the following crimes within the past 5 years (applicable only to those hired after September 1, 2007, unless otherwise noted)
- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony) [applicable to those hired on or after September 1, 2003]
- An offense under Section 30.02, Penal Code (burglary) [applicable to those hired on or after September 1, 200]
- An offense under Chapter 31, Penal Code (theft that is punishable as a felony) [applicable to those hired on or after September 1, 2001]
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony [applicable to those hired on or after September 1, 2003], or
- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony) [applicable to those hired on or after September 1, 2003]
- An offense under Section 37.12, Penal Code (false identification as a peace officer), 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 the purpose of this section, a personal 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 or discharge in accordance with Section 5C, 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 also 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

Date

For Agency Use Only: Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) Check

- EMR checked by telephone: (800-452-3934)
NAR checked by telephone (800-452-3934)
Applicant employable
Applicant not employable

Verified By

Date

OTHER PERTINENT DATA

Have you been convicted of a crime other than a Misdemeanor or Summary Offence?

Yes _____ No _____

Year of Conviction _____

Charges _____

MEDICAL PROFESSIONALS ONLY:

Have you ever been involved in a Medical Malpractice Action? Yes _____ No _____

EXPLAIN: _____

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, AND CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES _____ NO _____

EMPLOYMENT WILL BE CONTINGENT UPON SUCCESSFUL COMPLETION OF MEDICAL EXAMINATION.

APPLICATION DISCLOSURE

Please read this statement carefully, should you have any questions, please seek assistance before signing the application.

This company is an equal opportunity employer and selects individuals best matched for the job based upon Job-Related qualifications regardless of Race, Color, Creed, Sex, Religion, National Origin, Age or Disability. I understand that any misrepresentation, misinformation or inaccuracy of the statements contained in this application may result in termination of my employment or withdrawal of an offer of employment. I authorize the company to investigate all information and references and to obtain any transcripts, records or documents pertaining to my back ground and business experience as required to arrive at an employment decision. I also hereby release the company, its officers, employees, representatives or agents from any and all liability and/or damage incurred by myself in obtaining such information.

I understand that if I have a physical or mental impairment that substantially limits one or more of my major life activities or a record of such impairment or if I otherwise believe myself to be covered by The Americans with Disabilities Act, I can advise the company at anytime during the application, interview or hiring process about the accommodations the company could make to enable me to perform the essential functions of the job I am seeking. I understand that submission of information regarding reasonable accommodation is voluntary and that my refusal to provide it will not subject me to adverse treatment in the employment process. I further understand that information obtained by the company regarding my disability will be kept confidential, except that, if hired, (1) Supervisors and managers maybe informed regarding restrictions on my work or duties, and regarding necessary accommodations; (2) First Aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) Government officials investigation compliance with The Americans with Disabilities Act may be informed. In this connection, I authorize any physician or hospital to release to the company any information that may be necessary to determine my ability to perform the essential functions of a job for which I am considered prior to employment or during my employment with the company if offered employment the company may require me to take a physical examination and drug and alcohol screen the results of which I agree can be reported to the company.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time or without cause. It is further understood that this "at will" cally acknowledged in writing by an authorized executive of this organization.

Employee Acknowledgment

Confidentiality: Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members the health care professional safeguards to client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, he/she should consult with their supervisor.

Drug Testing Policy: The Agency maintains a drug free workplace policy with regard to the possession, use, distribution and sales of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Company paid time. Employees who have direct contact with clients may be subject to reasonable-suspicion testing when The Agency or its client has reason to believe that drug or alcohol problem exists or a violation of the policy has occurred. The Agency may perform random drug testing on any employee with 24 hour notice to the employee.

Harassment Policy: This Agency is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel sexual harassment is any unwelcome sexual advances either explicit or implicit as terms or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee, an employee should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

None Solicitation/Illegal Remuneration: The Agency does not reimburse or provide incentives to employees, physicians, durable equipment providers, family or other health professional for patient referrals for home health services.

Workers Compensation: The Agency does not provide workers compensation insurance. In the event of an emergency or injury contact The Agency management for instructions. If the emergency is life threatening, proceed to the nearest hospital contact The Agency as soon as possible. It is required to complete an incident report for agency records.

Progressive Discipline Policy: The Agency utilizes a progressive discipline process in cases of misconduct or unacceptable performance this includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employee past record and other circumstances.

Agency Policies: I acknowledge that I have read, understand and will comply with all applicable agency policies.

Employee: _____

Date: _____

NEW ERA HOME HEALTHCARE SERVICES

EMPLOYMENT STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand the importance of observing strict confidentiality policies. Therefore, I agree not to discuss/release any information obtained within the agency regarding any NEW ERA HOME HEALTHCARE SERVICES client, their medical records, or any client condition with any individual not directly associated with NEW ERA HOME HEALTHCARE SERVICES nor with NEW ERA HOME HEALTHCARE SERVICES employees who are not directly associated with the client. I also agree that any information that is released regarding the client or the client's record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information.

My signature on this document indicates that I understand and agree to abide by the aforementioned policies, and that any breach in the aforementioned policies will result in implementation of the Disciplinary procedure up to and including possible IMMEDIATE DISMISSAL from employment at NEW ERA HEALTHCARE SERVICES.

Employee Signature

Date

Supervisor's Signature

Date

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THIS COMPANY AS ISSUED FROM TIME TO TIME. I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR SIXTY (60) DAYS, AND IF I HAVE NOT BEEN HIRED BY THAT DATE, I MUST COMPLETE A NEW APPLICATION TO BE CONSIDERED FOR FUTURE EMPLOYMENT.

PURSUANT TO THE REQUIREMENTS OF THE FAIR CREDIT REPORTING ACT, NOTICE IS GIVEN THAT A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT. IF I AM DENIED EMPLOYMENT EITHER WHOLLY OR PARTLY, BECAUSE OF INFORMATION CONTAINED IN A CONSUMER REPORT, A DISCLOSURE WILL BE MADE TO ME OF THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY MAKING SUCH REPORT.

I HAVE READ THE ABOVE NOTICE AND UNDERSTAND WHAT IT MEANS.

_____ Date

_____ Signature of Applicant

(APPLICANT-PLEASE DO NOT WRITE IN SPACE BELOW)

Date _____
Referring _____ To _____
(Applicant Name) (Department Head)
Department _____ For the position of _____
Salary Quoted _____ Monthly () Hourly ()
Experience Considered (If Applicable) _____
Remarks _____

Interviewed By: _____

DEPARTMENT HEAD USE ONLY

Department Head Comments:

Date _____ If Rejected Give Reason _____

If Hired, Complete the Payroll Information Below

Date to start work _____ Department _____
Job Title _____ Hours _____ Salary _____
Time _____ Part Time _____ Temporary _____