

APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin, or handicap. All information provided herein will be kept confidential.

PERSONAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

S.S. #: _____ - _____ - _____ Date of Birth: _____

Email Address: _____

*****This email is required & will be used for important communication so please print clearly*****

Emergency contact name & relationship: _____

Emergency contact number: _____

Are you 18 years of age or older? Yes No

Are you seeking: Full Time Part Time PRN/As Needed Other: _____

Wage or Salary Desired: \$ _____

Have you ever applied for employment with this Agency? Yes No

How many hours a week are you available for work? _____

Are you legally eligible for employment in the United States? Yes No

How did you learn of our organization? Newspaper Ad Agency employee: _____

Online Job Posting Friend/Family Other: _____

Are you willing to work: Days Evenings Weekends Holidays Rotating Shifts

When can you start (Specify the date)? _____

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Please note that before employment, this facility is required by Texas law to perform a criminal conviction check on all unlicensed personnel, and is prohibited from permanently employing any person whose check reveals certain past criminal convictions.

Can you perform the essential function of this job with or without reasonable accommodations?

YES NO If no, what can be done to accommodate your limitation?

Position applying for (Check One): RN LVN Caregiver/Attendant Office Staff

Other (Specify): _____

EDUCATION:

NAME AND LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE	DID YOU GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER TRAINING/EDUCATION			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU STILL IN SCHOOL? Circle One: YES NO If Yes, Where?			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED& EXPIRATION DATE	NUMBER

EMPLOYMENT/EXPERIENCE:

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Please list your 4 most recent employers, beginning with the current or most recent employer.

CURRENT OR LAST EMPLOYER

Name of Company: _____ City & State: _____

Supervisor Name: _____ Telephone Number: _____

Position Title: _____ Dates of Employment: ____/____ - ____/____
Month/Year Month/Year or Present

Reason for Leaving: _____

Name of Company: _____ City & State: _____

Supervisor Name: _____ Telephone Number: _____

Position Title: _____ Dates of Employment: ____/____ - ____/____
Month/Year Month/Year

Reason for Leaving: _____

Name of Company: _____ City & State: _____

Supervisor Name: _____ Telephone Number: _____

Position Title: _____ Dates of Employment: ____/____ - ____/____
Month/Year Month/Year

Reason for Leaving: _____

Name of Company: _____ City & State: _____

Supervisor Name: _____ Telephone Number: _____

Position Title: _____ Dates of Employment: ____/____ - ____/____
Month/Year Month/Year

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT:

Was your last name different from your present name during the previously listed jobs? Yes No

If yes, what was your name? _____

Do you have reliable transportation? YES NO

PROFESSIONAL REFERENCES:

*Please list **TWO PROFESSIONAL** references that can furnish information about job performance. Do NOT list personal references. It is not required to list both telephone and email address for each reference, but at least one point of contact must be given.*

1. Name: _____ Relationship: _____

Telephone: _____ Email: _____

2. Name: _____ Relationship: _____

Telephone: _____ Email: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____, _____
First Name Middle Name Last Name

Current Address: _____
 _____ **Dates Lived Here:** ____/____/____ - Present

Addresses for the Past Seven Years (include street, city, state, zip code):	Dates of Residence:
_____	_____
_____	_____
_____	_____
_____	_____

Date of Birth: ____/____/____ **Social Security #:** ____ - ____ - ____

Other Names Used (including maiden name):	Years Used:
_____	_____
_____	_____
_____	_____

Driver's License Number: _____ **State:** _____

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, & worker's compensation records per ADA, labor, & wage records, etc. or any part thereof, & authorize any duly authorized agent of Ark Home Health Care Services to obtain, whether the said records are public or private, & including those which may be deemed to be privileged or confidential & I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Ark Home Health Services for identification purposes & for the release information which will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Ark Home Health Care Services to furnish the above-mentioned information. This authorization is valid during my employment to the extent permitted by law.

AUTHORIZATION TO RELEASE INFORMATION (continued)

I hereby **DO** **DO NOT** authorize you to contact my current employer for Employment & Reference Verifications (This will authorize immediate inquiries to the Human Resources Department & to any listed supervisors or references in the Employment/Reference Section of your application).

I have the right to request Ark Home Health Care Services, upon proper identification, to request the nature & substance of all information in its files on me at the time of my request, including sources of information, & the recipients of any reports on me which Ark Home Health Care Services has previously furnished within the two years preceding my request.

I understand & agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it & in any interviews will be sufficient grounds for rejection of employment & my discharge after employment.

Applicant Signature

Date

CALIFORNIA, OKLAHOMA, & MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident & would like to request a copy of our Consumer Report or Investigation Consumer Report, please check the box. This report may include character & reputation information obtained through personal interviews.

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern,

The applicant named below has submitted an application for employment with Ark Home Health Care Pediatric Services, Inc. Please verify employment and rate the performance of this candidate. This information will not be given to the applicant.

To be filled out by the applicant:

Applicant Name: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by current/previous employer:

Dates of employment: From: _____ To: _____

Position Held: _____

Is the applicant eligible for Re-hire: Yes No

Additional comments: _____

Reference check performed by: _____ Date: _____

Reference check completed via Phone Fax

Please return via fax to (817) 952 – 3095

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern,

The applicant named below has submitted an application for employment with Ark Home Health Care Pediatric Services, Inc. Please verify employment and rate the performance of this candidate. This information will not be given to the applicant.

To be filled out by the applicant:

Applicant Name: _____

Previous Employer: _____ Contact Person: _____

Address: _____ Phone: () _____

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____ Date: _____

To be completed by current/previous employer:

Dates of employment: From: _____ To: _____

Position Held: _____

Is the applicant eligible for Re-hire: Yes No

Additional comments: _____

Reference check performed by: _____ Date: _____

Reference check completed via Phone Fax

Please return via fax to (817) 952 – 3095

APPLICATION FOR EMPLOYMENT

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

Summarize special job-related skills and qualifications acquired from employment or other experience.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I also understand that if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for Ark Home Health Care to contact and fully discuss my background and history with all persons and entities listed above to give Ark Home Health Care any information concerning my previous employment and any information they may have and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to Ark Home Health Care.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for some time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period shall inquire as to whether or not applications are being accepted at that time.

Printed Name: _____

Signature: _____ **Date:** _____



**CRIMINAL HISTORY CHECK, EMPLOYEE MISCONDUCT REGISTRY
NURSE AIDE REGISTRY NOTIFICATION AND STATEMENT OF EMPLOYABILITY**

Offenses that constitute a bar to employment and for which an administrative review is not available are listed below.

Please read and inform an Agency representative if you have one listed.

Sec. 250.006. CONVICTIONS BARRING EMPLOYMENT

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:

- (1) an offense under Chapter 19, Penal Code (criminal homicide);
- (2) an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
- (3) 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);
- (4) an offense under Section 22.011, Penal Code (sexual assault);
- (5) an offense under Section 22.02, Penal Code (aggravated assault);
- (6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- (7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
- (8) an offense under Section 22.08, Penal Code (aiding suicide);
- (9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- (10) an offense under Section 25.08, Penal Code (sale or purchase of child);
- (11) an offense under Section 28.02, Penal Code (arson);
- (12) an offense under Section 29.02, Penal Code (robbery);
- (13) an offense under Section 29.03, Penal Code (aggravated robbery);

- (14) an offense under Section 21.08, Penal Code (indecent exposure);
- (15) an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- (16) an offense under Section 21.15, Penal Code (improper photography or visual recording);
- (17) an offense under Section 22.05, Penal Code (deadly conduct);
- (18) an offense under Section 22.021, Penal Code (aggravated sexual assault);
- (19) an offense under Section 22.07, Penal Code (terroristic threat);
- (20) an offense under Section 32.53, Penal Code (exploitation of a child, elderly individual, or disabled individual);
- (21) an offense under Section 33.021, Penal Code (online solicitation of a minor);
- (22) an offense under Section 34.02, Penal Code (money laundering);
- (23) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (24) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (25) an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
- (26) 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:

- (1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- (2) an offense under Section 30.02, Penal Code (burglary);
- (3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;



- (4) 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;
- (5) 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;
- (6) an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
- (7) 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:

- (1) of an offense under Section 30.02, Penal Code (burglary); or
- (2) 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.

Text of subsection effective until January 01, 2017

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.

Text of subsection effective on January 01, 2017

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 Article 42A.111, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

Added by Acts 1993, 73rd Leg., ch. 747, Sec. 25, eff. Sept. 1, 1993. Amended by Acts 1995, 74th Leg., ch. 76, Sec. 14.39, eff. Sept. 1, 1995. Renumbered from Health & Safety Code Sec. 250.005 and amended by Acts 1995, 74th Leg., ch. 831, Sec. 1, eff. June 16, 1995. Amended by Acts 1997, 75th Leg., ch. 482, Sec. 1, eff. Sept. 1, 1997; Acts 1997, 75th Leg., ch. 1159, Sec. 1.33, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 1025, Sec. 6, eff. Sept. 1, 2001; Acts 2001, 77th Leg., ch. 1267, Sec. 5, eff. Sept. 1, 2001; Acts 2003, 78th Leg., ch. 911, Sec. 2, eff. June 20, 2003; Acts 2003, 78th Leg., ch. 1084, Sec. 1, eff. Sept. 1, 2003; Acts 2003, 78th Leg., ch. 1209, Sec. 1, eff. Sept. 1, 2003.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 593 (H.B. 8), Sec. 3.44, eff. September 1, 2007.

Acts 2007, 80th Leg., R.S., Ch. 971 (S.B. 199), Sec. 1, eff. September 1, 2007.

Acts 2011, 82nd Leg., R.S., Ch. 817 (H.B. 2609), Sec. 1, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 879 (S.B. 223), Sec. 3.06, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 980 (H.B. 1720), Sec. 24, eff. September 1, 2011.

Acts 2013, 83rd Leg., R.S., Ch. 363 (H.B. 2683), Sec. 3, eff. January 1, 2014.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0757, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 770 (H.B. 2299), Sec. 2.68, eff. January 1, 2017.

Sec. 250.007.RECORDS PRIVILEGED.

(a) The criminal history records are for the exclusive use of the regulatory agency, the requesting facility, the private agency on behalf of the requesting facility, the financial management services agency on behalf of the individual employer, the individual employer, and the applicant or employee who is the subject of the records.



(b) All criminal records and reports and the information they contain that are received by the regulatory agency or private agency for the purpose of being forwarded to the requesting facility or received by the financial management services agency under this chapter are privileged information.

(c) The criminal records and reports and the information they contain may not be released or otherwise disclosed to any person or agency except on court order or with the written consent of the person being investigated.

Added by Acts 1993, 73rd Leg., ch. 747, Sec. 25, eff. Sept. 1, 1993. Amended by Acts 1995, 74th Leg., ch. 831, Sec. 1, eff. June 16, 1995.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 879 (S.B. 223), Sec. 3.07, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 980 (H.B. 1720), Sec. 25, eff. September 1, 2011.

Sec. 250.008.CRIMINAL PENALTY.

(a) A person commits an offense if the person releases or otherwise discloses any information received under this chapter except as prescribed by Section 250.007(b) or (c).

(b) An offense under this section is a Class A misdemeanor.

Added by Acts 1993, 73rd Leg., ch. 747, Sec. 25, eff. Sept. 1, 1993. Amended by Acts 1995, 74th Leg., ch. 831, Sec. 1, eff. June 16, 1995.

Sec. 250.009.CIVIL LIABILITY.

(a) A facility, an officer or employee of a facility, a financial management services agency, or an individual employer is not civilly liable for failure to comply with this chapter if the facility, financial management services agency, or individual employer makes a good faith effort to comply.



(b) A regulatory agency is not civilly liable to a person for criminal history record information forwarded to a requesting facility in accordance with this chapter.

Added by Acts 1993, 73rd Leg., ch. 747, Sec. 25, eff. Sept. 1, 1993. Amended by Acts 1995, 74th Leg., ch. 831, Sec. 1, eff. June 16, 1995.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 879 (S.B. 223), Sec. 3.08, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 980 (H.B. 1720), Sec. 26, eff. September 1, 2011.



**CRIMINAL HISTORY CHECK, EMPLOYEE MISCONDUCT REGISTRY
NURSE AIDE REGISTRY NOTIFICATION AND STATEMENT OF EMPLOYABILITY**

By execution of this document, I acknowledge that I have been informed by the Agency that a criminal history check will be performed on my name. I have informed that Agency of all names (for example, maiden name, 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 history check. I also understand that if I have been convicted of the following offenses, that I may not be employed by this Agency. I also understand that the Agency will search the Employee Misconduct Registry and the Nurse Aide Registry (if applicable) to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on either registry. If my name is designated on either registry I understand the Agency must deny me employment.

Offenses which constitute a bar to employment and for which an administrative review is not available is attached to this document. Please read and inform the interviewer if you have one listed.

I understand that all information obtained by this Agency regarding any criminal history will remain confidential. By signing this form, I certify that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____



APPLICANT AVAILABILITY

Applicant Name: _____ Date: _____

Instructions: This page is to notify the agency what days and times you will be available to work. To provide the best schedule for you, please be precise, i.e. 3 PM - 6 PM.

Days and Hours Available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Days and Hours **NOT** Available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Additional Comments:

Signature: _____

Date: _____