



**AFFINITY HOSPICE**

*Making Every Moment Matter*

# EMPLOYMENT APPLICATION



It is this agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preferences, sex, marital status, national origin, or disability.

Name

DOB

Address

Phone

Email

SSN

Are you at least 18 years of age?

Position for which you are applying

Availability

Desired shift

Salary Requirements

Date available:

Choose the best answer:

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and / or released from confinement following conviction of any criminal offense within the past 7 years?

If yes, please provide date, place, and nature of conviction.

Are you presently charged with any violation of the law other than a traffic violation?

If yes, please provide date, place, and nature of charges.

Do you have adequate means of transportation to get to work on time each day and when asked to report on short notice during normal working hours?

Please list any languages spoken other than English.

# EDUCATION HISTORY

Name / Location  
of school

Last yr  
completed

Graduated

Degree

High School

College

College

Other

List any current professional license(s), license number, state.

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preferences, sex, marital status, national origin, or disability.

List other skills applicable to the position for which you are applying. Include computer experience, typing speed, etc.

In case of an emergency, please contact:

## 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 Mailing Address	Phone	Supervisor Name
--------------	--------------------------	-------	-----------------

Date Started	Type	OK to contact?
--------------	------	----------------

Date Left	Salary
-----------	--------

Reason for leaving:

Describe your job title, responsibilities, and accomplishments.

Company Name	Complete Mailing Address	Phone	Supervisor Name
--------------	--------------------------	-------	-----------------

Date Started	Type	OK to contact?
--------------	------	----------------

Date Left	Salary
-----------	--------

Reason for leaving:

Describe your job title, responsibilities, and accomplishments.

Company Name

Complete Mailing  
Address

Phone

Supervisor Name

Date Started

Type

OK to contact?

Date Left

Salary

Reason for leaving:

Describe your job title,  
responsibilities, and  
accomplishments.

### Personal References

Reference 1

Reference 2

Reference 3

Include name, contact information, and relationship for each reference.

I have read and understand the following:

- 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 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 by the facility, my employment relationship at any time, with or without cause, and with or without notice may be terminated. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.

- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State regulations as well as a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employment Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All DADS regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if employment applicants are listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer, and am, therefore, UNEMPLOYABLE.

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 Officer of all educational institutions attended 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 licensing history.



Office use only:

Electronic Signature of Applicant

Interview	References Checked	Position	Salary	Start Date

## 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. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253; or if listed as unemployable in the Office of the Inspector General's List of Excluded Individuals and Entities (LEIE) pursuant to sections 1128 and 1156 of the Social Security Act.

### **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 my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact or have access to patient records until results are returned. I will be notified of results.

### **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 (kidnaping 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 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
- ◆ 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 36.06, Penal Code (obstruction or retaliation);
- ◆ An offense under Section 42.09, Penal Code (cruelty to livestock animals);
- ◆ An offense under Section 42.092, Penal Code (cruelty to nonlivestock 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 Agency determines to be contraindicated to employment with the consumers the Agency serves

- (B) A person may also be barred from employment the duties of which involve direct contact with a client in a facility if convicted of any of the following crimes within the past 5 years:
- ◆ An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor or as a felony);
  - ◆ An offense under Section 30.02 , Penal Code (burglary);
  - ◆ An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
  - ◆ 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; 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) .
  - ◆ 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 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.

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: Criminal History, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and LEIE checks completed:**

- Criminal History Check completed on-line     Other Convictions identified on Criminal History. (Document reason hiring in Comments below)
- NAR         EMR checked online at <https://emr.dads.state.tx.us/DadsEMRWeb/>     LEIE
- Applicant employable         Applicant not employable     Comments: \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_



# AFFINITY HOSPICE

*Making Every Moment Matter*

## CRIMINAL HISTORY CHECK MOTOR VEHICLE RECORD CONSENT FORM

NAME: \_\_\_\_\_

OTHER NAMES USED (maiden, married, etc..)

\_\_\_\_\_

I give my permission to Affinity Hospice to perform a criminal background check for the purpose of employment. I also give my permission to Affinity Hospice to perform a Motor Vehicle Record check.



\_\_\_\_\_

Signature of Applicant



\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

**\*PHOTOCOPY OF DRIVERS LICENSE AND SOCIAL SECURITY CARD REQUIRED – ATTACH TO THIS FORM\***