

AVATAR HOME HEALTH CARE AGENCY, LLC

NAME: _____ Date: _____

OTHER NAME USED IN EMPLOYMENT _____

REFERENCES SENT 1 _____ 2 _____ RECEIVED 1 _____ 2 _____

POSITION DESIRED: _____

STATE LICENSE #: _____ EXPIRATION DATE: _____

Last Name	Middle	First

Street Address: _____		
Home Phone: _____		Business Phone: _____
City: _____	State: _____	Zip Code: _____

AVAILABLE: Full Time: _____ Part Time: _____ Contract: _____

SHIFTS WILLING TO WORK: Day: _____ Evening: _____ Weekend: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? Yes _____ No _____

IF ON A VISA, WHAT TYPE? _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

EXPIRATION DATES: Health Card: _____ CPR Card _____

ACLS CERTIFICATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes _____ No _____

Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime will be taken into consideration.

IF YES, GIVE DATE AND DETAILS: _____

EDUCATION			
Type of School:	Name & Location	Major	Degrees Obtained & Date
High School			
College			
Other Education or Special Training			
Other Education or Special Training			

WORK EXPERIENCE						
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
FROM	TO			POSITION	WORK PHONE	
				SUPERIOR & TITLE	STARTING PAY	
					FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
FROM	TO			POSITION	WORK PHONE	
				SUPERIOR & TITLE	STARTING PAY	
					FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
FROM	TO			POSITION	WORK PHONE	
				SUPERIOR AND TITLE	STARTING PAY	
					FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						

AVATAR HOME HEALTH CARE AGENCY, LLC.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal.

I understand that this is not a contract, offer, or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time and for any reason, at the option of **AVATAR HOME HEALTH CARE AGENCY, LLC** or myself. I further understand that no supervisor, manager, official representative of **AVATAR HOME HEALTH CARE AGENCY, LLC** and its related entities has the authority to enter into an employment contract or make any agreement, orally or in writing, contrary to the foregoing. **I have read, understand, and agreed to this statement** _____ **(please initial here).**

AVATAR HOME HEALTH CARE AGENCY, LLC in considering my application for employment may verify the information set forth on this application, related papers or oral interviews and obtains additional background information relating to my background. I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether or not it is on their records. I hereby release them and their company from all liability for divulging same. A photogenic copy of this authorization shall be as valid as the original. If any of my given information is found to be false or misleading, I understand that I will be subject to dismissal at any time during the period of my employment without liability for wages or salary except such as may have been earned at the date of such termination and I agree to hold **AVATAR HOME HEALTH CARE AGENCY, LLC** and persons named herein blameless in that event. **I have read, understand, and agreed to this statement** _____ **(please initial here).**

AVATAR HOME HEALTH CARE AGENCY, LLC is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate with regard to Veteran status.

Signed: _____

Date: _____

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked Date: _____	If Hired: Position: Salary:	Start Date: FT/PT/Per Visit
------------------------	--	-----------------------------------	--------------------------------

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by **Avatar Home Health Agency, LLC**, that a criminal history check will be performed on my name. I have informed this agency of all names: including maiden name and 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 my results of the criminal history check.

I have not been convicted of the following crimes:

(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:**

- ❖ Chapter 19, Penal Code (criminal homicide)
- ❖ Chapter 20, Penal Code (kidnapping & unlawful restraint);
- ❖ Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- ❖ Section 21.08, Penal Code (indecent exposure);
- ❖ Section 21.11, Penal Code (indecenty with a child);
- ❖ Section 21.12, Penal Code (improper relationship between educator and student);
- ❖ Section 21.15, Penal Code (improper photography or visual recording);
- ❖ Section 22.011, Penal Code (sexual assault);
- ❖ Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- ❖ Section 22.011, Penal Code (sexual assault);
- ❖ Section 22.02, Penal Code (aggravated assault);
- ❖ Section 22.021, Penal Code (aggravated sexual assault);
- ❖ Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- ❖ Section 22.041, Penal Code (abandoning or endangering child);
- ❖ Section 22.05, Penal Code (deadly conduct);
- ❖ Section 22.07, Penal Code (terroristic threat);
- ❖ Section 22.08, Penal Code (aiding suicide);
- ❖ Section 25.031, Penal Code (agreement to abduct from custody);
- ❖ Section 25.08, Penal Code (sale or purchase of a child);
- ❖ Section 28.02, Penal Code (arson);
- ❖ Section 29.02, Penal Code (robbery);
- ❖ Section 29.03, Penal Code (aggravated robbery);
- ❖ Section 33.021, Penal Code (online solicitation of a minor);
- ❖ Section 34.02, Penal Code (money laundering);

- ❖ Section 35 A.02, Penal Code (Medicaid fraud);
 - ❖ Section 42.09, Penal Code (cruelty to 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 by this subsection;
 - ❖ An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves
- (B) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:**
- ❖ Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - ❖ Section 30.02, Penal Code (burglary);
 - ❖ Chapter 31, Penal Code (theft), that is punishable as a felony;
 - ❖ 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
 - ❖ Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
 - ❖ Section 37.12, Penal Code (false identification as peace officer); or
 - ❖ 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:**
- ❖ Section 30.02, Penal Code (burglary);
 - ❖ 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) In addition to the prohibitions on employment prescribed by Subsections (A), (B) and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(I) and §94.11(c) (d) and is listed on the NAR or EMR stating a finding of abuse, neglect or misappropriation will not be recertified therefore, is unemployable.**
- (E) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes 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 understand that all information obtained by this agency regarding my 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

Printed Name

Witness

PERSONNEL FILE REQUIREMENTS

NAME: _____

D.O.B.: _____

DATE HIRED: _____

DATE INACTIVATED / TERMINATED: _____

EXPIRATION DATES INDICATED

ANNUALLY:

DOCUMENT	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION	EXPIRATION
TB TEST					
SS CARD / RESIDENT CARD					
DRIVER LICENSE					
INSURANCE CARD					
PERFORMANCE EVALUATION					
BBP / HIV EDUCATION					
SAFETY TRAINING					
12 HOURS INSERVICE					

BIENNIALLY:

CPR CARD					
----------	--	--	--	--	--

PRE-EMPLOYMENT PAPERWORK:

APPLICATION

(2) REFERENCE CHECKS

EMERGENCY CONTACT

CONFIDENTIALITY

JOB DESCRIPTION

I-9

WORKER'S COMP FORM

HEPATITIS B

ORIENTATION CHECKLIST

MISCONDUCT REGISTRY

W-4 W-9

CRIMINAL HISTORY CHECK

DATE: _____ INITIALS: _____

RN / LVN:		CNA:	
COMP. EVAL DONE?	<input type="checkbox"/> Y <input type="checkbox"/> N	DATE:	
TEST COMPLETED?	<input type="checkbox"/> Y <input type="checkbox"/> N	DATE:	
GRADE:	%	GRADE:	%

File Completed By: _____

Date: _____