Helping Hearts Sitter Service, LLC

Employment Application

As an equal opportunity employer, The Agency will not discriminate in the provision of employment with respect to age, race, color, religion, military status, gender preference, sex, marital status, national origin, disability, or source of payment.

Applicant Name_____

Address (Street, City, State, Zip):_____

Home Phone:_____ Mobile Phone:_____ Email:_____

☐ Full Time ☐ Per Visit Shift: ☐ Day ☐ Night

Position Applying For:_____ ☐ Part Time _____ ☐ Evening ☐ Weekend

Salary Requirements:_____ Date Available:_____

Do you meet the age requirements for the job for which you are applying? ☐ Yes ☐ No

If you are not a U. S. citizen, are you legally authorized to work in the U. S.? ☐ Yes ☐ No

Do you have reliable transportation to get to work on time each day and when called in on short notice during normal working hours? ☐ Yes ☐ No

Educational History

Type of School	Name and Location of School	Circle Last Year Attended	Graduated YES/NO	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		1 2 3 4		

Professional licenses (Type, License Number, State):_____

List any memberships in professional organizations, honors, activities, etc. that you feel would enhance your application (excluding those that would indicate race, color, religion, sex, national origin, or disability)_____

List languages spoken other than English:_____

List other skills and experiences you have that are applicable to the position for which you are applying, such as using office equipment and computers, etc.:_____

In case of an emergency notify:

Name:_____ Address:_____ Phone Number:_____

In case of an emergency notify (individual out of state preferred):

Name:_____ Address:_____ Phone Number:_____

Employment History - Attach an additional page listing other work experiences pertinent to the position for which you are applying if more space is needed.

Company Name:_____ Type of Business:_____

Address (Street, City, State, Zip):_____

Supervisor's Name:_____ Phone Number:_____

Job Title:_____ Dates of Employment:_____

☐ Full Time ☐ Per Visit Shift: ☐ Day ☐ Night Reason for Leaving:_____

Helping Hearts Sitter Service, LLC

Employment Application

☐ Part Time ☐ Evening ☐ Weekend May we contact your Supervisor? ☐ Yes ☐ No

Describe your responsibilities:_____

_____

****

Company Name:_____ Type of Business:_____

Address (Street, City, State, Zip):_____

Supervisor's Name:_____ Phone Number:_____

Job Title:_____ Dates of Employment:_____

☐ Full Time ☐ Per Visit Shift: ☐ Day ☐ Night Reason for Leaving:_____

☐ Part Time ☐ Evening ☐ Weekend May we contact your Supervisor? ☐ Yes ☐ No

Describe your responsibilities:_____

_____

****

Company Name:_____ Type of Business:_____

Address (Street, City, State, Zip):_____

Supervisor's Name:_____ Phone Number:_____

Job Title:_____ Dates of Employment:_____

☐ Full Time ☐ Per Visit Shift: ☐ Day ☐ Night Reason for Leaving:_____

☐ Part Time ☐ Evening ☐ Weekend May we contact your Supervisor? ☐ Yes ☐ No

Describe your responsibilities:_____

_____

****

Personal References

Name:_____ Address:_____ Phone Number:_____

Name:_____ Address:_____ Phone Number:_____

Attestations

I attest that the information in this application is true, accurate, and complete, to the best of my ability. The Agency may verify this information. If I am hired and then it is found that the information is untrue, inaccurate, and/or incomplete, I understand and agree that the Agency is relieved of all commitments, financial or otherwise, pertinent to my employment, and that I am subject to immediate termination without recourse.

I attest that I understand if I am an unlicensed person who has direct patient contact, the Agency will conduct a criminal history check, and background checks of the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) before I am hired. The NAR and EMR checks will be done annually if I am hired. If I have been convicted of a crime that bars employment, I will not be hired. If, at any time, I have offenses listed on the NAR and/or the EMR, I will not be hired.

I attest that I understand if I am hired, the Agency will submit the Texas Employer New Hire Reporting Form to the Texas Attorney General's office.

I attest that I understand this Employment Application does not constitute a contract.

I attest that I understand and agree that if I am offered employment by the Agency, my employment will be "at-will" for no definite period of time and that either I, or the Agency, 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 changed by a written contract of employment that is specific as to all material terms and is signed by me and the Administrator, or designee, of the Agency.

Releases

I authorize any prior employers to provide information requested concerning my employment with them.

I authorize the Registrar/Placement Office of all educational institutions I attended to release an official copy of my transcript and, if available, faculty appraisals.

I authorize any licensing board to release full information about my license status and license history, if applicable.

Applicant Signature: _____ Date: _____

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FOR OFFICE USE ONLY	☐ Interview(s)	☐ References Checked	If Hired: Position: Salary:	Start Date: FT/PT/Per Visit:

Pre-employment Interview Notes: _____

Use the Personnel Manual Addendum form if more space is needed.

Helping Hearts Sitter Service, LLC

Reference Request

Reference requested from: _____ Agency/Company: _____

The individual named below is applying for a position as: _____
and has given you as a reference. Please reply within 10 days per Texas Civil Statute 5196. Thank-you.

Agency Representative: _____ Date: _____

Reference information provided: ☐ Verbally ☐ By mail ☐ By email

****

Applicant Release

Applicant Name: _____

Position Held at Former Company: _____

Per applicant, dates employed – From: _____ To: _____

I authorize you to provide all information requested concerning my employment with the agency/company. I release you and the agency/company from all liability, including any damages from disclosing this information. I understand that this information may be released to others who have a legitimate need to know.

Applicant's Signature: _____ Date: _____

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Former Employer's Disclosures as allowed by the Texas Labor Code, Chapter 103.002 and industry standards.

Please confirm the applicant's employment dates – From: _____ To: _____

Please provide the following about the applicant's job performance:

Attendance at work: _____

Attitudes: _____

Effort: _____

Knowledge: _____

Behaviors: _____

Skills: _____

Optional:

Quality of Work: _____

Reliability: _____

Cooperation: _____

Competence: _____

Management ability: _____

Grooming: _____

Is the applicant eligible for rehire? ☐ Yes ☐ No If no, why not? _____

_____

Additional comments: _____

_____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Helping Hearts Sitter Service, LLC

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The individual named below is applying for a position as: _____
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Reliability: _____

Cooperation: _____

Competence: _____

Management ability: _____

Grooming: _____

Is the applicant eligible for rehire? ☐ Yes ☐ No If no, why not? _____

_____

Additional comments: _____

_____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Helping Hearts Sitter Service, LLC Statement of Employability

By execution of this document, I acknowledge that I have been informed by Helping Hearts Sitter Service, LLC and agree that Helping Hearts Sitter Service, LLC will conduct a State of Texas criminal history check, search the Nurse Aide Registry (NAR), and search the Employee Misconduct Registry (EMR) per the Texas Administrative Code §93.3, Chapter 250 of the Health and Safety Code, Nurse Aid Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities, Persons with Terminal Illnesses, and Chapter 253, of the Texas Health and Safety Code, Employee Misconduct Registry. I understand that I am not employable if I am listed in the NAR, EMR, or if I have a criminal conviction or offense that bars me from employment with the Agency. I have been informed that the Agency will also conduct a search of the NAR and the EMR on an annual basis.

Background Checks

I have informed the 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 verification on the Nurse Aide Registry and the Employee Misconduct Registry. I understand that I may not have face-to-face client contact until all results are validated.

CONVICTIONS BARRING EMPLOYMENT **Health and Safety Code §250.006**

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 below:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
- An offense under Chapter 21.02, Penal Code (continuous sexual abuse of young child or children);
- An offense under Section 21.08, Penal Code (indecent exposure);
- 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 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 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 non-livestock 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; or
- 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 in which the duties involve direct contact with a client in a facility before the fifth anniversary of the date the person is convicted of:

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,_____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.dps.texas.gov/*Crime Records Information/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 $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee (optional)

_____
Date

_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ____ NO ____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date:_____ _____ initial

Retain in your files

Rev. 06/2021

Verification of Driver's License

Document(s) verified by:

Agency Representative Printed Name:_____ Title:_____

Agency Representative Signature:_____ Date:_____

Social Security Documentation

If the employee or volunteer agrees the Agency can copy his/her Social Security card, line this page up in the copier and copy the card in the blank space below.

However, if the employee or volunteer does not agree the Agency can copy his/her Social Security card due to privacy concerns, please complete the following:

I attest, under penalty of perjury, that I have examined the Social Security card presented by the employee or volunteer (Name) _____ and it appears to be genuine and relates to the employee or volunteer named.

Agency Representative Printed Name:_____ Title:_____

Agency Representative Signature:_____ Date:_____

Current Automobile Liability Insurance

Document(s) verified by:

Agency Representative Printed Name:_____ Title:_____

Agency Representative Signature:_____ Date:_____