



REGENT HOME HEALTH APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

Frequency: Full Time Part Time PRN Per Visit DOB: \_\_\_\_\_

If you are not a US Citizen, have you the legal right to remain permanently in the US: Yes No

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

Are you currently charged with any violations of the law other than traffic offenses? Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No

If "yes" please explain: \_\_\_\_\_

	School Name	Location	Graduated	Degree Course
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Professional Licenses: \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

List other skills applicable to the position for which you are applying: \_\_\_\_\_

In case of Emergency notify:  
Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Previous Employment History: list last 3 employers

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for departure: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ OK to Contact: Yes No

Describe Job Title, Duties, Responsibilities, Accomplishments:

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for departure: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ OK to Contact: Yes No

Describe Job Title, Duties, Responsibilities, Accomplishments:

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for departure: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ OK to Contact: Yes No

Describe Job Title, Duties, Responsibilities, Accomplishments:

Personal References: (Name, Phone, Relationship)

\_\_\_\_\_

\_\_\_\_\_

It is the agency's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.

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 out 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 to include information regarding 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 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 no representative of the employer has the authority to make any assumptions to the contrary.

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 Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriate, 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 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 I am 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 authorized the Registrar/Placement Office 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 my license history.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

References Checked: Yes    No                      If Hired, Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_ Position: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Regent Home Health  
Reference Request Release Authorization**

To Whom it Concerns,

I have applied for employment with Regent Home Health.

I request and authorize you to furnish the above named agency any and all information you may have concerning my previous employment with your company. Please provide verification of hire and departure date, eligibility status of rehire, attributes and comments applicable to the position. In addition, this includes, but is not limited to; my work record, work ethics, complaints, grievances, disciplinary actions, internal investigations which include information of any confidential nature.

The information provided will be kept confidential, please respond as soon as possible. This information will be used to assist in determining my qualifications and suitability for the position I am seeking.

I hereby release, indemnify, and hold harmless, you, your organization, or others from any liability or damage that may result from furnishing the requested information. A photo copy or facsimile copy of this release will act as original even though said copy does not contain original signature.

\_\_\_\_\_  
Applicant First & Last Name

\_\_\_\_\_  
Maiden or Other Name

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Facility Representative

