

REGENT HOME HEALTH APPLICATION FOR EMPLOYMENT

Name:			Social Security #:			
Address:	Street	City	State	Zip	·	
	Street	City .	State	Ziβ		
Telephone #	•	1	Email:			
Position Des	ired:	Salary Require	ements: D	ate Available:		
Frequency:	Full Time	Part Time PRN	Per Visit DOB:_			
If you are not	a US Citizen, have	you the legal right to rer	main permanently in the l	JS: Yes	No	
Do you have a	dequate means of	transportation to get to	work on time each day, a	and when called in	on short	
notice during	normal working ho	ours?		Yes	No	
Are you curre	ntly charged with a	any violations of the law	other than traffic offense	s? Yes	No	
confinement f	following a convict	ion for any criminal offer	anors and traffic offenses nse within the past 7 year	s? Yes	rom No	
	School Name	Location	Graduated	Degree Cou	rse	
High School	·					
College						
Other						
Professional L	icenses:					
Languages spo	oken other than En	glish:				
List other skill	s applicable to the	position for which you a	re applying:			
	nergency notify:	Phone(s):				
Name:						

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:		lo
Describe Job Title, Duties, F	Responsibilities, Accomplishments:	
Company Name:	Type of Business:	
Complete Address:		.,,,
Phone Number:	Supervisor:	
Data of Davis	December demonstrate	
Start Data	Reason for departure: OK to Contact: Yes N	
	End Date: OK to Contact: Yes N Responsibilities, Accomplishments:	O
Describe Job Title, Duties, N	responsibilities, Accomplishments.	
Company Name:	Type of Business:	•
Complete Address:		
DI AL I	C	
Phone Number:	Supervisor:	
Data of Days	Passan for departures	
Rate of Pay: Start Date:	Reason for departure: OK to Contact: Yes No	
	Responsibilities, Accomplishments:	J ,
Describe Job Title, Duties, N	responsibilities, Accomplishments.	
		,
Personal References: (Name	e, 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 and 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 misappropriate 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 Nam	ne
Applicant Social Security Number	Date	
Applicant Signature		
Facility Representative	•	

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

	(AGENCY COPY)
I,APPLICANT or EMPLOYEE NAME (Pleas History (CCH) verification check will be perfor	, have been notified that a Computerized Criminal se print) rmed by accessing the Texas Department of Public Safety Secure
Website and will be based on name and DOB	identifiers I supply.
Because the name-based information	is not an exact search and only fingerprint record searches
represent true identification to criminal history	ry, the organization conducting the criminal history check for
background screening is not allowed to discus	ss any criminal history record information obtained using the name
and DOB method. Therefore, the agency may	request that I have a fingerprint search performed to clear any
misidentification based on the result of the na	ame and DOB search.
For the fingerprinting process I will be	e required to submit a full and complete set of my fingerprints for
analysis through the Texas Department of Pub	olic Safety AFIS (Automated Fingerprint Identification System). I
have been made aware that in order to comp	lete this process, I must make an appointment with L1 Enrollment
Services, submit a full and complete set of my	fingerprints, request a copy be sent to the agency listed below,
and pay a fee of \$24.95 to the fingerprinting s	ervices company, L1 Enrollment Services.
Once this process is completed and th	ne agency receives the data from DPS, the information on my
fingerprint criminal history record may be disc	cussed with me
(This copy must remain on file b	y your agency. Required for future DPS audits.)
Signature of Applicant or Employee	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
Agency Name (please print)	Yes No

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Purpose of CCH:

Signature of Agency Representative

Agency Representative Name (please print)