Application For Employment

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

Applicant Name: Email Address:

Present Address
City/State/Zip:

Home Phone: Mobile Phone:

Social Security Number: Are You at Least 18 Years Old? ☐ Yes ☐ No

Position Applying For: ☐ Full Time ☐ Part Time ☐ Part Time Per Visit ☐ Pool Shift: ☐ Day ☐ Night ☐ Evening ☐ W/E

Salary Requirements: Date Available 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

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 give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? ☐ Yes ☐ No If Yes, give date, place and nature of each such conviction.

Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		☐ ☐ ☐ ☐		
College		☐ ☐ ☐ ☐		
College		☐ ☐ ☐ ☐		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and 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 preference, genetic information, sex, marital status, national origin, or disability.

List languages spoken other than English:

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

In case of an emergency notify Relationship

Out of state contact, if possible Relationship

NAME_____

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 Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business ☐ Full Time ☐ Part Time ☐ Per Visit Salary	Reason For Leaving	OK to Contact Supervisor ☐ Yes ☐ No
Describe your job title, responsibilities and accomplishments			

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business ☐ Full Time ☐ Per Visit ☐ Part Time Salary	Reason For Leaving	OK to Contact Supervisor ☐ Yes ☐ No
Describe your job title, responsibilities and accomplishments			

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business ☐ Full Time ☐ Part Time ☐ Per Visit Salary	Reason For Leaving	OK to Contact Supervisor Yes ☐ No ☐

Describe your job title, responsibilities and accomplishments

NAME: _____

PERSONAL REFERENCES: (Name,Phone ,Relationship) _____

_____

_____

_____

_____

Please review and sign

In making application for employment:

- 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 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 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 have direct patient contact or contact with patient records, that the agency will perform a criminal history check per Federal Regulation, as well as check of the Nurse Aide Registry and Employee Misconduct Registry for unlicensed employees. I understand that: 1) the purpose of the Employee 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 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 authorize 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: _____

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

Reference Request

Date: _____ Check method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance_____Kathy Fairbanks, HR Manager Ohana Pediatric_____
(Name of Company Representative)

Applicant Release

Applicant _____ _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

_____ _____
Applicant Signature Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

Knowledge & Skills_____

Reliability & Attendance _____

Cooperation_____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

_____

4) Please indicate any special considerations necessary when giving assignments to this individual:

_____

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

_____

Please attach any additional comments.

_____ _____ _____
Signature Position/Title Date

HCL / Reference Check
Org. 110100

Reference Request

Date: _____ Check method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance_____Kathy Fairbanks, HR Manager Ohana Pediatric_____
(Name of Company Representative)

Applicant Release

Applicant _____ _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

_____ _____
Applicant Signature Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable

Quality of Work _____

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Reliability & Attendance _____

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Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

_____

4) Please indicate any special considerations necessary when giving assignments to this individual:

_____

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

_____

Please attach any additional comments.

_____ _____ _____
Signature Position/Title Date

HCL / Reference Check
Org. 110100

Voluntary EEO Reporting Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return completed forms to the Human Resources Department.

Name: _____ **Date**: _____

GENDER:

(Please check one of the options below)

☐ Male

☐ Female

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ **Hispanic or Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino) -** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Black or African American (Not Hispanic or Latino) -** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) -** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five

Acknowledgement of Criminal History Check

Note: *The information of this form will not be shared with the hiring manager and will be used for background clearance purposes only*.

I, _____, understand that as part of the employment process, Ohana Pediatric Home Health, LLC will need to complete a background check on me regarding the following:

1. Criminal record
2. Sex and Violent Offenders Record
3. Employment Verification
4. Education Verification
5. License Verification
6. Motor Vehicle Records
7. Personal/Professional Reference Verification

☐ I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Ohana Pediatric Home Health, LLC or its authorized agents(s).

☐ I understand that this authorization is to be part of the written and signed employment application.

☐ I understand that I do not have to give authorization for a background check but if I don't give permission my employment application will not be processed further.

☐ I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.

☐ I understand that employment with Ohana Pediatric Home Health, LLC is contingent upon successful completion of a background check.

I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief.

Signature of Applicant: _____Date: _____

Applicant First Name (print) _____

Applicant Middle Name (print) _____

Applicant Last Name (print) _____

Other Former Names(s), Aliases, Maiden Names, etc: _____

Social Security Number: _____ Date of Birth: _____

Current Driver's License #: _____State: _____Expiration Date: _____

Office use only:

On _____(date) the above-named person was informed of the Agency's policy and procedure to conduct a Criminal History Check.

Signature of office staff: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/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 $24.95 to the fingerprinting services company.

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

_____
Signature of Applicant or Employee

_____
Date

Ohana Pediatric Home Health
Agency Name (Please print)

Kathy Fairbanks
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

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