



HEIGHTS HOME HEALTH

HEALTH CARE FOR THE 21ST CENTURY

A DIVISION OF HEIGHTS SUPPORT SERVICES, INC.

**333 INDIAN TRAIL
HARKER HEIGHTS, TX. 76548**

254-953-4702

1-800-282-6125

fax # 254-953-4708

EMPLOYMENT APPLICATION

NAME: _____ POSITION: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name		Dates Employed			
		Month	Year	Month	Year
Company Address (Street, City, State, Zip Code)		From	to		
		Phone	Starting Salary	Ending Salary	
			\$	\$	
Your Position Title		Your Job description:			
_____		_____			
_____		_____			
Your Immediate Supervisor's Name and Title					
May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Company Name		Dates Employed			
		Month	Year	Month	Year
Company Address (Street, City, State, Zip Code)		From	to		
		Phone	Starting Salary	Ending Salary	
			\$	\$	
Your Position Title		Your Job description:			
_____		_____			
_____		_____			
Your Immediate Supervisor's Name and Title					
May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Company Name		Dates Employed			
		Month	Year	Month	Year
Company Address (Street, City, State, Zip Code)		From	to		
		Phone	Starting Salary	Ending Salary	
			\$	\$	
Your Position Title		Your Job description:			
_____		_____			
_____		_____			
Your Immediate Supervisor's Name and Title					
May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Company Name		Dates Employed					
		From	Month	Year	to	Month	Year
Company Address (Street, City, State, Zip Code)		Phone		Starting Salary	Ending Salary		
				\$	\$		
Your Position Title		Your Job description:					
_____		_____					
_____		_____					
Your Immediate Supervisor's Name and Title							
May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO							

Company Name		Dates Employed					
		From	Month	Year	to	Month	Year
Company Address (Street, City, State, Zip Code)		Phone		Starting Salary	Ending Salary		
				\$	\$		
Your Position Title		Your Job description:					
_____		_____					
_____		_____					
Your Immediate Supervisor's Name and Title							
May we contact the above for references? <input type="checkbox"/> YES <input type="checkbox"/> NO							

Have you ever been convicted of a crime? Yes No If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information, which may assist us in placing you: _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name and Relationship	Title	Address	Telephone

AVAILABILITY INFORMATION

Please indicate Days and Hours you are Available for work (Be Specific)

DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Primary position desired: _____ Will you accept another position? Yes No
(If so what)_____. Are you available to work Weekends
 Holidays On Call? Give brief explanation: _____

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such schedule change as directed by my department head or administrator of this institution.

Do you limit your annual earnings due to Social Security or other reasons? Yes No

If yes, please state what is the maximum amount you wish to earn. _____.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I understand and consent to any physical examination that may be required by this institution at such time and place as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination, which relates to the essential duties that I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I understand if employed I will be required to complete an Employment Verification (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I certify that all information I have supplied on this application is true and complete. I understand that any wrong or incomplete information on this application can lead to me not being hired or, if I am hired, to my termination from employment if discovered after hire.

Applicant's Signature: _____ Date: _____

HEIGHTS HOME HEALTH

VERIFICATION OF EMPLOYMENT:

**SEARCH OF NURSE AIDE REGISTRY AND
EMPLOYMENT MISCONDUCT REGISTRY**

Prior to hiring an employee, a search of the Nurse Aide Registry and Employee Misconduct Registry at DADS must be conducted. **Call 1-800-452-3934.**

Employee Name: _____

Date of Search: _____

Signature of Staff Member conducting search: _____

Comments: (if any) _____

I, _____, acknowledge that Heights Home Health will conduct a search of the Nurse Aide Registry and Employee Misconduct Registry as a condition of any employment. If I am listed on the Employee Misconduct Registry I will not be employable with Heights Home Health.

Signature

Date

A COPY OF THIS CHECK WILL BE PLACED IN EMPLOYEE FILE

HEIGHTS HOME HEALTH

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Heights Home Health that a criminal history check will be performed on my name. I have informed this agency of all names (i.e. maiden, 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 the results of the criminal history check.

I have been convicted of the following items:

- **An offense under Chapter 19, Texas Penal Code (criminal homicide). Includes murder, capital murder, manslaughter and criminally negligent homicide**
- **An offense under Chapter 20, Texas Penal Code (kidnapping and unlawful restraint). Includes kidnapping, aggravated kidnapping and false imprisonment.**
- **An offense under Section 21.08, Texas Penal Code (indecent exposure).**
- **An offense under Section 21.11, Texas Penal Code (indecent with a child).**
- **An offense under Section 21.12, Texas Penal Code (improper relationship between educator and student).**
- **An offense under Section 21.15, Texas Penal Code (improper photography or visual recording).**
- **An offense under Section 22.011, Texas Penal Code (sexual assault).**
- **An offense under Section 22.02, Texas Penal Code (aggravated assault).**
- **An offense under Section 22.021, Texas Penal Code (aggravated sexual assault).**
- **An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual, or disabled individual).**
- **An offense under Section 22.041, Texas Penal Code (abandoning or endangering child).**
- **An offense under Section 22.05, Texas Penal Code (deadly conduct).**
- **An offense under Section 22.07, Texas Penal Code (terroristic threat).**
- **An offense under Section 22.08, Texas Penal Code (aiding suicide).**
- **An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).**
- **An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).**
- **An offense under Section 28.02, Texas Penal Code (arson).**
- **An offense under Section 29.02, Texas Penal Code (robbery).**
- **An offense under Section 29.03, Texas Penal Code (aggravated robbery).**
- **An offense under Section 33.021, Texas Penal Code (online solicitation of a minor).**
- **An offense under Section 34.02, Texas Penal Code (money laundering).**
- **An offense under Section 35A.02, Texas Penal Code (Medicaid fraud).**
- **An offense under Section 42.09, Texas 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.**
- **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 :**

- An offense under Section 22.01, Texas Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony.
- An offense under Section 30.02, Texas Penal Code (burglary).
- An offense under Chapter 31, Texas Penal Code (theft) that is punishable as a felony.
- An offense under Section 32.45, Texas Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony.
- An offense under Section 32.46, Texas Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.
- An offense under Section 37.12, Texas Penal Code (false identification as a peace officer).
- An offense under Section 42.01 (a) (7), (8), or (9), Texas Penal Code (disorderly conduct).
- For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the 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

Printed Name of applicant

Date

Please fill out this information:

Name (Last, First, Middle)		Maiden Name (Last, First, Middle)		
<i>Other Names (aliases, married names, etc.) Last, First, Middle</i>				
sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Date Hired	Social Security #	Race/Ethnicity (opt.)