



A DIVISION OF HEIGHTS SUPPORT SERVICES, INC.

GROESBECK BRANCH OFFICE

**621 MCCLINTIC DRIVE
GROESBECK, TX 76642
(254) 729-0336
1-877-550-5792
FAX (254) 729-0339**

EMPLOYMENT APPLICATION

NAME: _____ **POSITION:** _____

PERSONAL ASSISTANCE SERVICES ATTENDANT

JOB SUMMARY:

Responsible for providing personal assistance services to the client in accordance with the established service plan to enable the client to function in the home and community.

Duties and Responsibilities:

1. Shall perform services as identified on the Service Plan.
2. Report to the Supervisor on the day of awareness of any significant changes in client's circumstances or condition.
3. Shall report emergency situation to appropriate individual in accordance with written policies immediately upon awareness.
4. Check for safety measures to be taken on an ongoing basis for client and attendant protection.
5. Report hours worked per program and agency requirements.

Qualifications:

1. Be at least 18 years old; or an unlicensed person who is under 18 years old, who is a high school graduate, or is enrolled in a vocational educational program, and has demonstrated competency to perform the tasks assigned to the client.
2. Not be spouses of clients.
3. Be neither legal nor foster parents of minor children who receive the service.
4. Free of communicable disease and open infectious wounds.
5. Must have valid Texas drivers' license and current automobile liability insurance if motor vehicle use is within the course and scope of employment.
6. Must have reliable transportation.

Physical/Mental/Essential Functions of the Job:

1. Must be able to stand and walk throughout majority of shift on various surfaces in clients homes.

2. Must be able to lift and carry items up to 30 pounds, such as mop buckets, groceries and bags with trash.
3. Must be able to push/pull up to various weights while performing tasks such as pushing client in wheelchair and transferring client.
4. Must be able to climb stairs at various clients' houses.
5. Must be able to bend, twist, and reach when performing various job functions such as cleaning throughout shift.
6. Must be able to handle objects such as wheelchairs, brooms, mops dishes, and vacuum cleaners.
7. Must be able to communicate effectively with client.
8. Overall environment: Must be able to work in various degrees of temperature, depending upon client's house setting. Position requires working with various cleaning solvents, fumes, dust, and odors.
9. Must be sensitive to the needs of the aged and disabled and conscientious about services client needs.
10. Must not be short tempered and must be slow to anger and able to respond in a calm demeanor manner and be able to work in an often stressful situation when dealing with residents who may be abusive or threatening.
11. Must be alert and able to identify hazards, should one occur, in order to avoid them, by reporting, immediately or if directed, to take corrective measures.

Signature

Date

**Heights Home Health
Reference Check Form**
Fax: 254-729-0336

Applicant: Please fill out the box below

Your Name:	
Employer Name	Employer Phone
Employer Address	
Name Used While Employed	Job Title
Employment Dates: Started:	Ended:
I hereby authorize the release of all information requested on this form	
APPLICANT SIGNATURE:	Date:

To Former Employer:

The above individual has applied to Heights Home Health. Please complete the form below and return it in the mail or fax to the above listed number so that we may give the applicant proper consideration. Please fold and tape if mailing. Since it is our policy not to employ anyone without a complete reference check, we would appreciate your prompt attention.

Is the above information correct? _____ Yes _____ No If not, please explain: _____

Reason for leaving: _____

Would you rehire? _____ Yes _____ No If not, please explain: _____

Please rate the applicant on the following:	Above Average	Average	Below Average
Quality of work			
Cooperation			
Dependability/Attendances			
Personal traits and habits			

Additional Comments: _____

Signature of person completing form: _____

Print Name & Title: _____

Date: _____

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Additional Comments: _____

Signature of person completing form: _____
 Print Name & Title: _____
 Date: _____

PERSONAL INFORMATION

Name _____
Last First Middle Social Security Number

Present Address _____
Street City State Zip Code Phone Number

Permanent Add: _____
Street City State Zip Code 2nd Phone Number

If you cannot be reached at above phone numbers, where may we contact you? _____ Name of person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary	How did you learn of opening?
1 st Choice			Will you accept <input type="checkbox"/> Full <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Employment
2 nd Choice			DATE AVAILABLE _____

EDUCATION/TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSES TAKEN	DID YOU GRADUATE?	DIPLOMA, DEGREE, OR CERTIFICATE RECEIVED
HIGH SCHOOL	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes give date ____/____/____	
Other Classes/ Training	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes give date ____/____/____	

Extracurricular Activities, any Area of Specialization or Major Interest, any Professional Organization Memberships, Honors Received, Volunteer or Community Services or other Qualifications you have which you feel are related to the positions for which you are applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	Verification

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty
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Specialized Training _____

EMPLOYMENT HISTORY

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

Company Name		Dates Employed				
		From	Month	Year	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	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	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
Company Address (Street, City, State, Zip Code)		Phone	to	Month
			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
Company Address (Street, City, State, Zip Code)		Phone	to	Month
			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 Weekend 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 via the DADS website. Also, State and Federal Office of Inspector General (OIG) searches of their database must be searched to see if the employee is in the exclusions database.

I, _____, acknowledge that Heights Home Health will conduct a search of the Nurse Aide Registry and Employee Misconduct Registry and the State and Federal Office of Inspector General Exclusion database as a condition of any employment. If I am listed on the Employee Misconduct Registry or found to be excluded in the State and Federal Office of Inspector General database I will not be employable with Heights Home Health.

Signature

Date

- DADS' Nurse Aide Registry / Employee Misconduct Registry
CNA expiration date (if applicable) _____
- Exclusion Screening SAFER™ Database: Federal – SAM, OIG
and all reporting states
- Criminal History Check

After careful review and consideration by Authorized Heights Home Health Representative (s), this applicant has been deemed:

- HIREABLE**
- NOT HIREABLE**

Authorized Heights Home Health Representative

Date

A COPY OF THIS CHECK WILL BE PLACED IN EMPLOYEE'S FILE

(Revised 4/16)

Office Use Only

Initial Date of Hire: _____

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 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 21.02, Texas Penal Code (continuous sexual abuse of young child or children).**
- **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 36.06, Texas Penal Code (obstruction or retaliation).**
- **An offense under Section 42.09, Texas Penal Code (cruelty to livestock animals).**
- **An offense under Section 42.092, Texas 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.**
- **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)		
Other Names (aliases, married names, etc.) Last, First, Middle				
sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Date Hired	Social Security #	Race/Ethnicity (opt.)

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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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

Heights Home Health

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	