



This agency is an Equal Employment Opportunity Employer and considers applicants solely on the basis of qualifications for the job applying for without regard to race, religion, age, sex, color, creed, national origin, disability, marital or veteran status. Verification of eligibility to work in the U.S. will be required if an employment offer is made.

APPLICATION FOR EMPLOYMENT

(Please Print)

Name _____
(Last) (First) (Middle)

Address _____
(Street Number) (City) (State) (Zip)

Telephone (_____) _____ Social Security Number _____
(Area Code)

Are you 18 years or older? _____
Are you legally eligible for employment? _____

Other names that you have used (Maiden, Nickname, Alias). _____

POSITION(S) APPLIED FOR: _____

Have you filed an application here before? Yes No If Yes, give date: _____

Have you been employed here before? Yes No If Yes, give date: _____

Name of Supervisor(s) while employed here. _____

Position(s) while employed here. _____

Are you employed now? Yes No, On what date would you be available to work? _____

Are you available to work Full Time Part Time

Have you ever been sanctioned from a federally funded program? Yes No If yes, explain below.

Have you ever been convicted, or pled guilty or no contest to a felony or any crime involving dishonesty or a breach of trust? Yes No If yes, please explain below.

If yes, are you currently on probation? Yes No Parole? Yes No

Are you fluent in any foreign languages? List _____

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS:

Do you have any family or personal duties, responsibilities, or relationships which would in any way affect the following:

Your ability to work? Yes No

Your ability to comply with employer's schedule? Yes No

Your ability to comply with job assignments? Yes No

If yes, please comment:

Education	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree			
Honors Received			
Course of Study			

EMPLOYMENT EXPERIENCE (List Last or present position first):

Employer	Telephone	Date Employed		Work Performed
		From	To	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

Employer	Telephone	Date Employed		Work Performed
		From	To	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

Employer	Telephone	Date Employed		Work Performed
		From	To	
Address				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

PERSONAL/WORK REFERENCES:

Give name and telephone number of two references, other than family members.

NAME ADDRESS TELEPHONE NO.

NAME ADDRESS TELEPHONE NO.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize this company to (1) investigate the truthfulness of all statements made on this application; (2) contact my current/former employer(s) and other listed references or any other persons who can verify information; (3) discuss the results of any investigation with other employees of this company involved in the hiring process; and (4) check my criminal record. In addition, I give my consent for all contacted persons including current/former employer(s) to provide the information concerning this application, and I release each such person from liability for providing this information to this company.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment in accordance with company policy.

I also understand that if hired, I am not to lift or transfer any object or patient by myself, unless I am familiar with the given situation and am reasonably sure that doing so alone can be safely accomplished. Otherwise, I know that it is my duty to refrain from lifting or transferring the object or patient until I have obtained assistance. I know that this policy is designed both for my safety and also for the safety of the clients of this company.

If I am accepted for employment with this company, I agree to abide by its personnel policies and also report to either my supervisor, the office, or the twenty-four (24) hour answering service any and all job related accidents, injuries, and/or illnesses within twenty-four (24) hours of their occurrence, regardless of severity. I understand this agency does not subscribe to workman's compensation insurance, therefore, if an incident or accident occurs on the job, I must report it to my supervisor or dispatcher within 24 hours. A written report and investigation will be completed and signed by the employee. The findings will be given to the administrator for claim determination. A full work release must be obtained before returning to work.

By signing this application I certify that I have not been, and that I am not now excluded from participation in any Federal Health Care Program. I further attest that should I become excluded from participation in a Federal Health Care Program, or have sanctions placed against my license and medical credentials and if I'm accepted for employment by this agency that I will advise the Human Resource Department, Performance Improvement Department, or the Corporate Compliance Officer immediately upon notification of exclusion from participation in a Federal Health Care Program or when advised of the imposition of sanctions.

Criminal History Check – By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed in my name. I have informed this agency of all names (i.e., maiden, aliases) that I have used in the past. I have not been convicted of the following crimes listed in Section A.

Section A

1. An offense under Chapter 19, Penal Code (criminal homicide);
2. An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
3. An offense under Chapter 21.02, Penal Code (continuous sexual abuse of a young child or children);
4. An offense under Section 21.08, Penal Code (incident exposure);
5. An offense under Chapter 21.11, Penal Code (indecenty with a child);
6. An offense under Section 21.12, Penal Code (improper relationship between educator and student);
7. An offense under Section 21.15, Penal Code (improper photography or visual recording);
8. An offense under Section 22.011, Penal Code (sexual assault);
9. An offense under Section 22.02, Penal Code (aggravated assault);
10. An offense under Section 22.021, Penal Code (aggravated sexual assault);
11. An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
12. An offense under Section 22.041, Penal Code (abandoning or endangering child);
13. An offense under Section 22.05, Penal Code (deadly conduct);
14. An offense under Section 22.07, Penal Code (terroristic threat);
15. An offense under Section 22.08, Penal Code (aiding suicide);
16. An offense under Chapter 25.031, Penal Code (agreement to abduct from custody);
17. An offense under Chapter 25.08, Penal Code (sale or purchase of a child);
18. An offense under Chapter 28.02, Penal Code (arson);
19. An offense under Chapter 29.02, Penal Code (robbery);
20. An offense under Chapter 29.03, Penal Code (aggravated robbery);
21. An offense under Section 33.021, Penal Code (online solicitation of a minor);

22. An offense under Section 34.02, Penal Code (money laundering);
23. An offense under Section 35A.02, Penal Code (Medicaid Fraud);
24. An offense under Section 42.09, Penal Code (cruelty to animals); or
25. 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 in Section A.

Section B

A person may not be employed in a position the duties of which involve direct contact with the client before the fifth anniversary of the date the person is convicted of:

1. An offense under Section 22.01, Penal Code (assault) punishable as a Class A misdemeanor or as a felony;
2. An offense under Section 30.02, Penal Code (burglary);
3. An offense under Section 31, Penal Code (theft) punishable as a felony;
4. An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution) punishable as a Class A misdemeanor or felony;
5. An offense under Section 32.46, Penal Code (securing execution of a document by deception) punishable as a Class A misdemeanor or felony;
6. An offense that the agency determines to be a contraindication to employment with the consumer the agency services.
7. 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 under subdivisions (1)-(13).

I also understand that if my name appears on the state's "Employee Misconduct Registry" I will not be employable by Nurses Unlimited.

I, _____, agree to immediately notify Nurses Unlimited if I am convicted of, receive deferred adjudication (Applicant Name) in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Signature of Applicant

Date

In case of emergency notify _____ Relationship _____

Home Telephone

Address

Work Telephone