

**Nurses Unlimited
P. O. Box 4534
Odessa, TX 79760**

Request for Job Applicant Information

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Name: _____
(Optional)

Check One:

- Female
- Male
- I do not want to provide the requested information.

Check One:

- Race/Ethnicity:
- Hispanic or Latino
 - White
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - Asian
 - American Indian or Alaska Native
 - Two or More Races
 - I do not want to provide the information.

Solicited: Newspaper Friend Other _____
 Client Employee

Or

I do not wish to give this information.

If you have any question about the government requirements or this request, please contact Sandra Rowe, RN at (432) 580-2078 ext. 215.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



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, and 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 (_____) Last 4 digits of Social Security Number _____
(Area Code)

Are you 18 years or older? Yes No Are you legally eligible for employment? Yes No

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

POSITIONS 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 _____	
Address		To _____	
Job Title	Supervisor	Hourly Rate / Salary	
		Starting _____	
Reason For Leaving		Final _____	

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

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

PERSONAL / WORK REFERENCES:

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

NAME ADDRESS TELEPHONE NO

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. Criminal homicide (an offense under Chapter 19, Penal Code);
2. Kidnapping and unlawful restraint (an offense under Chapter 20, Penal Code);
3. Continuous sexual abuse of a young child or children (an offense under Section 21.02, Penal Code); or indecency with a child (Section 21.11, Penal Code);
4. Sexual assault (an offense under Section 22.011, Penal Code);
5. Aggravated assault (an offense under Section 22.02, Penal Code);
6. Injury to a child, elderly individual, or disabled individual (an offense under Section 22.04, Penal Code);
7. Abandoning or endangering child (an offense under Section 22.041, Penal Code);
8. Aiding suicide (an offense under Section 22.08, Penal Code);
9. Agreement to abduct from custody (an offense under Section 25.031, Penal Code);
10. Sale or purchase of a child (an offense under Section 25.08, Penal Code);
11. Arson (an offense under Section 28.02, Penal Code);
12. Robbery (an offense under Section 29.02, Penal Code);
13. Aggravated robbery (an offense under Section 29.03, Penal Code);
14. Indecent exposure (an offense under Section 21.08, Penal Code);
15. Improper relationship between educator and student (an offense under Section 21.12, Penal Code);
16. Improper photography or visual recording (an offense under Section 21.15, Penal Code);
17. Deadly conduct (an offense under Section 22.05, Penal Code);
18. Aggravated sexual assault (an offense under Section 22.021, Penal Code);
19. Terroristic threat (an offense under Section 22.07, Penal Code);
20. Exploitation of a child, elderly individual or disabled individual (Section 32.53, Penal Code);
21. Online solicitation of a minor (an offense under Section 33.021, Penal Code);
22. Money laundering (an offense under Section 34.02, Penal Code);
23. Medicaid Fraud (an offense under Section 35A.02, Penal Code);
24. Obstruction or retaliation (an offense under Section 36.06, Penal Code);
25. Cruelty to livestock animals (an offense under Section 42.09, Penal Code), or cruelty to non-livestock animals (under Section 42.092, Penal Code); or
26. 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

Please sign and date the back of this page.

Section B

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

1. Assault (an offense under Section 22.01, Penal Code) that is punishable as a Class A misdemeanor or as a felony;
2. Burglary (an offense under Section 30.02, Penal Code);
3. Theft (an offense under Chapter 31, Penal Code) that is punishable as a felony;
4. Misapplication of fiduciary property or property of a financial institution (an offense under Section 32.45, Penal Code) that is punishable as a Class A misdemeanor or a felony;
5. Securing execution of a document by deception (an offense under Section 32.46, Penal Code) that is punishable as a Class A misdemeanor or felony;
6. False identification as peace officer (an offense under Section 37.12, Penal Code); or
7. Disorderly conduct (an offense under Section 42.01 (a) (7), (8), or (9), Penal Code)

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

Deferred Adjudication

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 Article 42A.111, 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.

- a. The criminal history records are for the exclusive use of Nurses Unlimited.
- b. Criminal records and reports and the information they contain are privileged information.

I acknowledge that if I am found to have been convicted of any of the above offenses or if I am listed on the Employee Misconduct Registry, I will immediately be barred from employment with this agency. I further understand that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment.

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.

I, _____, agree to immediately notify Nurses Unlimited if I am convicted of, receive deferred
(Applicant Name)
adjudication 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

Address

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

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	

Company Address:

Nurses Unlimited, Inc. /
Nurses Unlimited Managed Care, Inc.
Human Resource Department
P. O. Box 4534
Odessa, TX 79760

To: _____

Telephone# _____

Reference Check for _____ SS# (Last 4 Digits) _____

We are requesting an employment/personal reference on the above named person. Please complete the information and return as soon as possible.

EVALUATION

Length of time you have known applicant: _____ If employed by you or your company what position did the applicant hold _____

In what capacity(ies) have you know the applicant

Supervisor Employer
 Fellow Employee Acquaintance
 Other (Specify) _____

Employed From: _____ To: _____
 Full-Time Part-Time Temporary

Would you rehire? Yes No If no, why? _____

PERSONAL APPRAISAL

Indicate your evaluation of the following factors by placing a check mark in the appropriate column.

	EXCELLENT	GOOD	FAIR	POOR	NO KNOWLEDGE
Ability to get along with others					
Attendance / Punctuality					
Attitude					
Cooperativeness					
Quality of Work					
Quantity of Work					
Self-Starter					

COMMENTS _____

I hereby authorize the release of any information requested on this form.

Applicant's Signature _____ Date _____

This form was completed by: Mail Telephone

Signature or Name
of Person Giving Information _____ Date _____

Signature of HR
Representative
Verifying Information _____ Date _____

Company Address:

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Nurses Unlimited Managed Care, Inc.
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