

APPLICATION FOR EMPLOYMENT

Position (s) you are applying for: _____

Name: _____
Last First Middle/Maiden

Social Security Number: _____ DOB _____ TX DL# /ID # _____

Permanent Address: _____

Home Phone: () _____ Work Phone: () _____ Cell phone # _____

Mailing Address (if different from above) _____

Street _____
City State Zip Code

Are you legally authorized to work in the U.S? Yes _____ No _____

*** You will be required to show proof of eligibility to work in the U.S, if hired.

Are you eighteen (18) years old or older? _____ Yes _____ No

Willing/Able to work: Weekends _____ Yes _____ No Holidays _____ Yes _____ No

Specify Days and Times You cannot work: _____

How did you hear about us? Newspaper Ad _____ Individual _____ Other _____

Have you ever been convicted of a felony? Yes _____ No _____

If Yes, give details: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Phone: () _____ Work Phone: () _____

VERIFICATION OF ORIENTATION TO AGENCY

Employee Name: _____

I have received orientation to the agency as follows:

- Agency Policies and Procedures
- Agency Mission, values, philosophy, objectives and goals
- Agency Organizational structure and Chain of command
- Agency Hours of operation/Scope of services/Service Area
- Client rights and responsibilities
- Rights of the Elderly
- Agency Policy on Confidentiality and HIPAA privacy practices
- Agency Complaint/Grievance procedure for Agency Clients
- Agency Complaint/Grievance procedure for Agency employees/Staff rights
- Agency Policy on Abuse, Neglect, and exploitation
- Agency Standards of care/OASIS Documentation standards for Licensed staff
- Agency Infection control policies
- Agency Disciplinary process
- Scheduling and Assignments
- Payroll and Benefits Information

I have read and had explained to me all of the preceding Policies, Procedures, requirements and conditions of employment with the Agency.

I have read and understand the policies and procedures of the Agency and agree to comply with all applicable Agency Policies and Procedures.

I further understand that my failure to abide by them may be cause for disciplinary action, which may include termination of employment.

Employee Signature: _____

Signature of authorized Agency Representative: _____ Date: _____