



Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position(s) Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (attach additional pages if necessary): _____ _____ _____

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES	
<i>Please list three professional references.</i>	
1. Full Name	Relationship
Company	Phone ()
Address	
2. Full Name	Relationship
Company	Phone ()
Address	
3. Full Name	Relationship
Company	Phone ()
Address	



PREVIOUS EMPLOYMENT (START WITH YOUR PRESENT OR LAST JOB.)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

OTHER INFORMATION/QUALIFICATIONS
State any additional information you feel may be helpful to us in considering your application:



CRIMINAL HISTORY REQUIREMENT FOR NEW EMPLOYEES

All nursing home facilities must inform each person that applies for employment that the facility requires/is required to conduct a criminal conviction check before it may make an offer of permanent employment to the applicant and that the facility will request a criminal conviction report on the applicant. A record of conviction of certain criminal offenses may constitute either a complete bar to employment or a potential bar to employment. If there is a potential bar, the employee will be given the opportunity to submit documentary evidence to demonstrate mitigation or rehabilitation to a review panel.

The following offenses constitute a bar to employment and review is not available:

- Criminal homicide, Arson
- Kidnapping and false imprisonment
- Indecency with a child, Solicitation of a child, Sale/purchase of a child
- Agreement to abduct from custody
- Robbery/aggravated robbery
- Burglary/criminal trespass

The following offenses potentially bar employment and may be subject to review:

- Assault offenses
- Burglary/criminal trespass
- Theft, Fraud
- Possession or distribution of controlled substances
- Weapons
- Public lewdness/indecent exposure/public indecency

The prospective employee must furnish to the facility an affidavit stating that he/she has no conviction of an offense, which would bar employment as listed, above. The affidavit will be maintained in the personnel files at least until the 60-day waiting period has expired.

Criminal History Affidavit

I, _____, have not been convicted of any of the offenses listed above. I am fully aware that I will not be considered a permanent employee until completion of a six-month new employee orientation period.

Signature	Date:
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To conduct the required criminal history check, nursing homes are granted the authority to use the Texas Department of Public Safety website. This website requires a date of birth and social security number. Please provide this information below.

Date of Birth:	Social Security Number:
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EMPLOYEE MISCONDUCT REGISTRY

Effective May 1, 2000, the 76th Legislature added Chapter 253 to the Health and Safety Code.

Chapter 253 – The Employee Misconduct Registry is a tracking tool for resident abuse, neglect, exploitation, or misappropriation of resident or consumer property by unlicensed or un-credentialed employees in facilities regulated by the Texas Department of Human Services (TDHS).

If an individual is listed on the Employee Misconduct Registry, a Nursing Facility is prohibited from employing the individual.

Applicant Certification: I understand the facility has a responsibility to search the Employee Misconduct Registry and if my name appears, I further understand that St. Dominic Village is prohibited from employing me.

Signature:	Date:
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 day. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of this organization.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____

FOR HUMAN RESOURCES/PAYROLL USE ONLY

Background Check Completed (indicate date and completed by):

DPS: _____

Misconduct Registry: _____

Reference Check: _____

Job Offer Details:

Job Offer Extended: YES NO Rate of Pay: _____ Per _____

Scheduled Hours/Days Off: _____

Offer Letter Completed: _____

Orientation Date: _____

Other hiring notes/details: _____

