

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For <input type="text"/>	Date of Application <input type="text"/>
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How Did You Learn About Us?
 Advertisement Friend Relative Employment Agency Other

Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>
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Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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Telephone Number <input type="text"/>	Telephone Number <input type="text"/>	<input type="text"/>	Social Security Number <input type="text"/>
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Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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Permant Address (If Different From Above)

Best time to contact you at home is:

Have you ever filed an application with us before? Yes No

If Yes, give date

Have you ever been employed with us before? Yes No

If Yes, give date

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name and relationship

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work What is your desired salary?

Are you available to work If full time, which shift? If part time, time of day?

If temporary, indicate dates available, from to

Are you currently on "lay-off_ status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Start with your present or last job. Include and job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

WORK EXPERIENCE

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Start	Final	
Starting/Present Job Title			
Supervisor	Reason for Leaving		
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Start	Final	
Starting/Present Job Title			
Supervisor	Reason for Leaving		
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Start	Final	
Starting/Present Job Title			
Supervisor	Reason for Leaving		

Comments: (including explanation of gaps in employment)

Describe any specialized training, apprenticeship, skills and extra curricular activities

[Empty text box for specialized training, apprenticeship, skills and extra curricular activities]

Describe any job-related training recieved in the United States military

[Empty text box for job-related training recieved in the United States military]

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, or disability)

[Empty text box for professional, trade, business, or civic activities and offices held]

Additional Information/Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experiences)

[Empty text box for Additional Information/Other Qualifications]

Specialized Skills (Check all that apply)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	[Empty text box]
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Other (list)	[Empty text box]
<input type="checkbox"/> Typewriter WPM []	<input type="checkbox"/> Shorthand WPM []		

State any additional information you feel may be helpful to us in considiering your application

[Empty text box for additional information]

This is a sworn affidavit stating that I have no felony convictions for an offense described in the Health Saftey Code, 250.005 which lists the types of offenses which bar employment.

Signature	[Empty text box]	Date	[Empty text box]
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PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 1 year. 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, and employment relationship with this organization is of and "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 an authorized executive 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, aslo, that I am required to abide by all rules and regualtions of the employer.

IN CASE OF EMERGENCY CONTACT			
Name	Relationship	Telephone	
Address	City/Town	State	Zip Code

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Home Health Care of Huntsville, CO

P.O. Box 6548
Huntsville, TX 77342-6548
(936) 291-8439 1-800-999-5935
Fax (936) 291-8582

To From

One of your former employees has applied for employment with HOME HEALTH CARE OF HUNTSVILLE & THEE HOSPICE. He/she has authorized the collection of any information concerning past performance. We would appreciate your replies to the questions asked below. Any additional information you may wish to enclose will be kept confidential.

I hereby authorize the release of any information requested on this form and I hereby release such person of concern from any and all liability arising there from.

Applicant Signature

Printed Name

Social Security Number

PREVIOUS EMPLOYER SECTION ONLY

The applicant was employed: From To:

Would you rehire? Yes No Did employee give proper notice? Yes No

Comments, if any

Signature

Date

Sincerely,

Home Health Care of Huntsville & Thee Hospice

Counties Served by Home Health Care of Huntsville & Thee Hospice

Anderson, Angelina, Brazos, Cherokee, Freestone, Grimes, Henderson, Houston, Leon, Liberty, Limestone, Madison, Montgomery, Nacogdoches, Navarro, Polk, Robertson, San Jacinto, Smith, Trinity, Walker, Waller, Washington

Home Health Care of Huntsville & Thee Hospice, CO
Statement of Employability

By execution of this document, I hereby acknowledge that I have been informed by HOME HEALTH CARE OF HUNTSVILLE, CO that a criminal history check will be performed on my name. I have informed this agency of all names (i.e. amiden name, aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary or interim pending that reulsts of the criminal history check.

I hereby profess that I have not been convicted of any following crimes which are a permanent automatic bar to employment by this agency.

- An offense under Section 19, Penal Code (criminal homicide);
- An offense under Section 20, Penal Code (kidnapping and false imprisonment);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecenty with a child);
- An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- An offense under Section 21.15, Penal Code (improper photography or visual recording);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- An offense under Section 22.05, Penal Code (deadly conduct);
- An offense under Section 22.07, Penal Code (terroristic threat);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02 Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- An offense under Section 34.02, Penal Code (money laundering);
- An offense under Section 35A.02, Penal Code (Medicaid fraud); and
- An offense under Section 42.09, Penal Code (cruelty to animals); or
- A conviction under the laws of another state. federal law. of the Uniform Code of Militarv Justice for an offense containina

I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years (applicable only to those hired on or after September 1, 2007 *unless otherwise noted*):

- An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003];
- An offense under Section 30.02, Penal Code (burglary) [applicable to those hired on or after September , 2003];
- An offense under Section 31, Penal Code (theft punishable as a felony) [applicable to those hired on or after Septemeber 1, 20001];
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution punishable as a Class A Misdemenor or felony)
- An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A Misdemeanor or felony)
[applicable to those hired on or after September 1, 2003
- An offense under Section 37.12, Penal Code (false identification as peace officer); or
- An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

I understand that it is required by law that HHCH check the Employee Misconduct Registry and, if appropriate, the Texas Nurse Aide Registry using my Social Security Number. And I further understand that any applicant listed on the Employee Misconduct Registry is unemployable at this agency.

I understand that if I have been placed on deferred adjudication community supervision for an offense listed above, successfully completed the period of deferred adjudication community supervision, and received a dismissal and discharge according to Section 5(c), Article 42.12, Code of Criminal Procedure, I am not considered convicted of the offense.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment.

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

Date of Birth(mm/dd/yyyy)

Social Security Number

Printed Name

Date