

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Agency name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

<p style="text-align: center;">Please:</p> <p style="text-align: center;">Check and Initial each Applicable Space</p> <p>CCH Report Printed: YES__ __ NO__ __ __ __ __ initial</p> <p>Purpose of CCH: _____</p> <p>Hire__ __ Not Hired__ __ __ __ __ initial</p> <p>Date Printed: _____ __ __ __ initial</p> <p>Destroyed Date: _____ __ __ __ initial</p> <p style="text-align: center;">Retain in your files</p>

VAP Home Health Care, Inc.

Application for Employment

It is this facilities policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

Applicant Name:

Email Address:

Present Address

City/State/Zip:

Home Phone:

Cell Phone:

D.O.B.:

Are You at Least 18 Years Old? Yes No

S.S.No.:

Position Applying For:

Full Time

Part Time per Visit

Shift: Day

Night

Part Time

Shift Pool

Evening

Weekends

Salary Requirements:

Available:

If you are not a US Citizen, have you the legal right

to remain permanently in the US? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Have you been convicted of a crime (example misdemeanors and traffic offences) and/or released from confinement following a conviction for any criminal offence within the past 7 years? Yes No If yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than a traffic violation? Yes No If yes, please give date, place and nature of such conviction.

Education History

Type of School	Name & Location of School	Circle Last Year Attended				Graduated	Degree
High School		9	10	11	12		
College		1	2	3	4		
College		1	2	3	4		
Other		From:	To:				

List professional licenses you possess. Indicate type of license, number and state.

List Languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

In Case of emergency notify:

Relationship:

Out of State contact, if possible:

Relationship:

Name: _____

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name:	Complete Address incl City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Salary:	Reason For Leaving:
			OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why? _____ _____

Describe your job title, responsibilities and accomplishments

Company Name:	Complete Address incl City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Salary:	Reason For Leaving:
			OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why? _____ _____

Describe your job title, responsibilities and accomplishments

Company Name:	Complete Address incl City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started: Date Left:	Type of Business: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Salary:	Reason For Leaving:
			OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why? _____ _____

Describe your job title, responsibilities and accomplishments

Name:

PERSONAL REFERENCES: (Name, Phone, Relationship)

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and either I or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aids who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, exploitation, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, exploitation, or misappropriation, the nurse aid may request both, an informal consideration and a formal hearing before the finding is placed on the registry; 3) All DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, **unemployable**.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institution attended to release and official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant

Signature:

Date:

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired:	Position:	Start Date:
		Salary:		FT/PT/Per Visit

Name:

PERSONAL REFERENCES: (Name, Phone, Relationship)

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and either I or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DADS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aids who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, exploitation, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, exploitation, or misappropriation, the nurse aid may request both, an informal consideration and a formal hearing before the finding is placed on the registry; 3) All DADS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, **unemployable**.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institution attended to release and official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant

Signature:

Date:

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired:	Position:	Start Date:
		Salary:	FT/PT/Per Visit	

Reference Request

Date: _____

Check method of gathering reference data: Verbal Mail Fax

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____

And has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____

(Name of Company Representative)

Applicant Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

1) Please confirm the applicant's employment. From _____ To _____

Date

Date

2) Please comment on the applicant's attributes using the following scale:

4 = Excellent

3 = Good

2 = Fair

1 = Poor

N/A = Not Applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual: _____

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature

Position/Title

Date

Reference Request

Date: _____

Check method of gathering reference data: Verbal Mail Fax

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____
(Name of Company Representative)

Applicant Release

Applicant _____
Last First MI Maiden

Position Held _____

Social Security # _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

1) Please confirm the applicant's employment. From _____ To _____
Date Date

2) Please comment on the applicant's attributes using the following scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work _____

Knowledge & Skills _____

Reliability & Attendance _____

Cooperation _____

Competence _____

Supervisory ability & capacity _____

Grooming _____

3) Please indicate specialty areas in which the applicant has had experience: _____

4) Please indicate any special considerations necessary when giving assignments to this individual: _____

5) Is applicant eligible for rehire? Yes No If no, why not? _____

Please attach any additional comments.

Signature

Position/Title

Date