

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PERSONAL INFORMATION:

DATE _____

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street City State Zip

Telephone #: _____

Social Security #: _____ - _____ - _____

I am at least 18 years old: Yes No

Birthdate: _____

EMAIL ADDRESS: _____

Position applying for _____

Days/hours available to work

No Prefer _____ Thurs. _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Desired Pay (Be specific) _____

How many hours can you work weekly? _____

Can you work nights? Yes No

Are you available for on-call (PRN)? Yes No

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Available Start Date: _____

EDUCATION

| Type | Name of School City, State (required) | Phone # (required) | Dates Attended (mm/yyyy) – (mm/yyyy) | Diploma/Certificate (required) |
|--------------------------|---|-----------------------|--|-----------------------------------|
| High School | | | | |
| | | | | |
| Trade School/ College | | | | |
| | | | | |

*** Your name as it appears on your High School Diploma/GED Certificate:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

DL #: _____ **State:** _____ Operator Commercial (CDL) Chauffeur

Expiration date: _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

ADMINISTRATIVE ONLY

Typing Yes _____ WPM 10-key Yes Word Processing Yes _____ WPM
 No _____ WPM No _____ WPM

Personal Computer Yes PC Other _____
 No Mac Skills _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ **Date Entered** _____ **Discharge Date** _____

WORK EXPERIENCE

Please list your relevant work experience for the **past seven(7) years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| EMPLOYER NAME _____ | Supervisor Name | Dates Employed | Pay / Salary |
|---|-----------------|----------------|--------------|
| Address: _____ City/State/Zip: _____ Phone #: _____ | | From: | Start: |
| | | To: | Final: |
| Last Job Title: _____ | | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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| | | | |
|--|------------------------|-----------------------|---------------------|
| EMPLOYER NAME _____ Address: _____ City/State/Zip: _____ Phone #: _____ | Supervisor Name | Dates Employed | Pay / Salary |
| | | From: | Start: |
| | | To: | Final: |
| Last Job Title: _____ | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| | | | |
| | | | |
| EMPLOYER NAME _____ Address: _____ City/State/Zip: _____ Phone #: _____ | Supervisor Name | Dates Employed | Pay / Salary |
| | | From: | Start: |
| | | To: | Final: |
| Last Job Title: _____ | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| | | | |
| | | | |
| EMPLOYER NAME _____ Address: _____ City/State/Zip: _____ Phone #: _____ | Supervisor Name | Dates Employed | Pay / Salary |
| | | From: | Start: |
| | | To: | Final: |
| Last Job Title: _____ | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |
| | | | |
| | | | |

May we contact your present employer? Yes No

PLEASE READ CAREFULLY



APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **COMFORT CARE PROVIDER SERVICES LLC** (hereinafter called "**the Company**"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **COMFORT CARE PROVIDER SERVICES LLC**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of **the Company**. Both the undersigned and **COMFORT CARE PROVIDER SERVICES LLC** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that **the Company** may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **COMFORT CARE PROVIDER SERVICES LLC** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **the Company** from any liability as a result of such contact.

I also understand that (1) **the Company** has a drug and alcohol policy that 'may' require pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, (1) **the Company** 'may' request, as a part of the pre-employment process, as well as after employment, from a consumer reporting agency, an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on a favorable investigative outcome under such policy. Upon written request from me, **the Company** will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that 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. I further understand that all HHS –regulated facilities and agencies are required to check the **Employee Misconduct Registry (EMR)** and **Nurse Aide Registry (NAR)** before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident, client, or consumer and am, therefore, unemployable.

I further understand that my employment with **COMFORT CARE PROVIDER SERVICES LLC** shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with **the Company** is terminable at will for any reason by either party.

Signature of applicant: _____ **Date:** _____

COMFORT CARE PROVIDER SERVICES LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company

Applications remain on file for three (3) months.



Comfort Care Provider Services LLC
Request for References

| | |
|--|--|
| Reference #1 | Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional |
| Name of Person: _____ Phone #: _____ | |
| Name of Business: _____ | |
| Address: _____ | |
| Street | City |
| State | Zip |
| I hereby authorize the above former employer, present employer, school, college/university, and/or any other person to release any information they may have regarding my character, or employment record. I also release the employer from any liability in releasing this information to Comfort Care Provider Services. I hereby authorize Comfort Care Provider Services to maintain this information in their records and release them from all liability that may otherwise incur by their keeping this information. | |
| Applicant Signature _____ | Date _____ |

↓ **FOR AGENCY USE ONLY** ↓

| |
|---|
| <input type="checkbox"/> Verbal <input type="checkbox"/> Fax <input type="checkbox"/> Email |
| |
| |
| |
| |

| | |
|--|--|
| Reference #2 | Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional |
| Name of Person: _____ Phone #: _____ | |
| Name of Business: _____ | |
| Address: _____ | |
| Street | City |
| State | Zip |
| I hereby authorize the above former employer, present employer, school, college/university, and/or any other person to release any information they may have regarding my character, or employment record. I also release the employer from any liability in releasing this information to Comfort Care Provider Services. I hereby authorize Comfort Care Provider Services to maintain this information in their records and release them from all liability that may otherwise incur by their keeping this information. | |
| Applicant Signature _____ | Date _____ |

↓ **FOR AGENCY USE ONLY** ↓

| |
|---|
| <input type="checkbox"/> Verbal <input type="checkbox"/> Fax <input type="checkbox"/> Email |
| |
| |
| |

Printed Name of Agency Rep: _____

Signature of Agency Rep: _____ Date: _____

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me. In order to complete the 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 \$24.95 to the fingerprinting services company.

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

Applicant or Employee *Signature*

Date

___ **Comfort Care Provider Services** ___
Agency Name (Please print)

Agency Representative Name (Please print)

Agency Representative *Signature*

Date

Applicant Full Name: _____

DOB: ____/____/____ Social Security #: ____/____/____

| | |
|---|---------------|
| (FOR AGENCY USE ONLY) | |
| Please: Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | _____ initial |
| Purpose of CCH: _____ | |
| Empl <input type="checkbox"/> Vol/Contractor <input type="checkbox"/> | _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |



Comfort Care Provider Services

Personal Care Attendant

Include copy of each item below with application:

- ❖ *Social Security Card*
- ❖ *Driver's License*
- ❖ *Car Insurance*
- ❖ *CPR*
- ❖ *Professional License (desired)*
 - *Certified Nursing Assist (CNA)*
 - *Home Health Aid (HHA) Cert*
- ❖ *TB Screening Results*
- ❖ *APPLICATION will remain on file for three (3) months*