Caring Home Health

Applicant Instructions

Thank you for your interest in employment with our business. We appreciate your application, and look forward to the possibility of your joining our team. This sheet is for your information.

Complete the attached application and authorization for release of information forms. Print all information for legibility using blue or black ink pen. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form does not apply to you.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Your application will remain in our active file for a reasonable period of time. Should an opening occur, your application will be reviewed along with others. It is not necessary for you to contact this office regarding any openings after you have completed your application. If you are among the most qualified applicants for a position, an interview will be arranged.

As an equal opportunity employer, decisions to hire are made without regard to race, sex, age, color, religion, national origin, veteran status or any disability, which is not job-related.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include, but are not limited to, education, training, and work experience.

Our business is a voluntary non-subscriber to Workers' Compensation in Texas, pursuant to Article 8306, V.A.C.S.

Our business subscribes to the Health Care Law [U. S. C. §5000A] that was Decided June 28, 2012 to increase the number of Americans covered by health insurance. The Affordable Care Act "Obamacare"

We appreciate your interest.

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Georgetown, Tx. 78627
www.caringhh.com Email: HR@caringhh.com
1.800.846.4420 (512) 863-4748 FAX: (512) 869-2900

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DATE: _____ **Please Print/Black or Blue Ink only**

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classifications.

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street City State Zip

PHONE: _____Cell Phone:_____E-Mail:_____

Emergency Phone: _____Emergency Contact Name_____

SOCIAL SECURITY #: _____ Are you Over 18 years old? [ ] Yes [ ] No

Are you authorized to work in the U. S. on an unrestricted basis? [ ] Yes [ ] No

How did you learn of this opening? _____

Have you worked here before? [ ] Yes [ ] No If so when? _____

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred: Early AM [ ] Mid Day [ ] Late PM [ ] Full-time: _____ Part-time: _____

What area are you willing to work in: _____

- **The requirements of this job are that you be able to Lift 100 pounds. Do you have any conditions that might prevent you from meeting this requirement? [ ] Yes [ ] No**
- **Have you ever been convicted of a felony? [ ] Yes [ ] No (Conviction will not necessarily disqualify an applicant for employment) If yes, describe conditions:**

Position applied for: PCA [ ] Office [ ] Other [ ] Desired Wage: _____ When can you start: _____

Can you perform the duties for the position with or without reasonable accommodations? [ ] Yes [ ] No

EDUCATION: Name & Location of school Major Diploma/Degree

High School: _____XXXXX_____

College/Univ. _____

List all office and computer skills: Note typing speed and all software programs you are skilled in using:
_____

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In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our Agency?

- **HOW MANY JOBS HAVE YOU HAD IN THE PAST FIVE YEARS?_____**
- **HOW LONG DID EACH OF THESE JOBS LAST?_____**
- **HOW LONG WERE THE GAPS BETWEEN JOBS?_____**

WORK HISTORY: START WITH YOUR MOST RECENT EMPLOYER

MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO

COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

START DATE: _____ POSITION: _____ STARTING SALARY: _____

DATE LEFT: _____ POSITION: _____ SALARY ON LEAVING: _____

SUPERVISOR'S NAME: _____

DESCRIPTION of DUTIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

START DATE: _____ POSITION: _____ STARTING SALARY: _____

DATE LEFT: _____ POSITION: _____ SALARY ON LEAVING: _____

SUPERVISOR'S NAME: _____

DESCRIPTION of DUTIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

START DATE: _____ POSITION: _____ STARTING SALARY: _____

DATE LEFT: _____ POSITION: _____ SALARY ON LEAVING: _____

SUPERVISOR'S NAME: _____

DESCRIPTION of DUTIES: _____

REASON FOR LEAVING: _____

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REFERENCES: GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS.

NAME	ADDRESS	PHONE	OCCUPATION

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Caring Home Health to contact any Agency or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Agency. I understand that the taking of medical examination, drug and alcohol tests, when given pursuant to Agency policy, are a condition of contingent and continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that no individual in the Agency is authorized to enter into any written or verbal employment contracts with me for any definite period of time without express written consent of the CEO/Administrator of the Agency. I understand that operating conditions may require me to work in shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my supervisor or manager. I also understand that if employed, such employment is subject to change in wages, conditions, and operating policies. I also understand that my employment is "at will" and may be terminated by myself or by the Agency at any time for any reason at all, with or without prior notice.

Effective September 1, 1989, persons convicted of certain crimes may not be employed in Agencies providing care to the aged and disabled. Criminal History Checks on unlicensed personnel providing client services, must be performed prior to offer of employment. The Agency may make an offer of temporary employment to a person pending the results of a criminal conviction check. This Agency shall immediately terminate a person's employment if the results of the criminal history check reveal that the person has been convicted of an offense. Results of the criminal history check will be communicated only if a criminal record is found. If the Agency receives no response, they may make an offer for regular employment.

I have read a copy of the job description and requirements.

Signature: _____ Date: _____

Printed Name: _____

Revised 1-1-05 HR DEPT.

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PLEASE DO NOT COMPLETE

REFERENCES

PCA: _____ **DATE:** _____

1. _____

2. _____

3. _____

_____

Supervisor's Signature

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STATEMENT OF EMPLOYABILITY

By execution of this document, I, _____

Hereby acknowledge that I have been informed by **CARING HOME HEALTH**

That a criminal history check will be performed on my name. I have informed this agency of all my names (i.e., maiden 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 the results of the criminal history check.

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

- An offense under Section 15.01, Penal Code (criminal attempt of any offense listed as a bar);
- 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 (indecency 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);
- An offense under Section 36.06, Penal Code (obstruction or retaliation);
- An offense under Section 42.09, Penal Code (cruelty to animals);
- An offense under Section 42.092, Penal Code (cruelty to non livestock animals);
- An offense under Section 43.03, Penal Code (promotion of prostitution);
- An offense under Section 43.04, Penal Code (aggravated promotion of prostitution);
- An offense under Section 43.05, Penal Code (compelling prostitution);

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- An offense under Section 43.25, Penal Code (sexual performance by a child);
- An offense under Section 43.26, Penal Code (possession or promotion of child pornography);
- An offense under Section 481, Penal Code (Texas Controlled Substances Act: a conviction that is punishable as a felony; involving manufacture, delivery, intent to distribute, conspiracy to posses or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus): or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing the elements that are substantially similar to the elements of an offense listed above.

I also hereby profess that I have **not** been convicted of any of the following crimes within the past **5 years**:

- An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or Felony);
- An offense under Section 30.02, Penal Code (Burglary);
- An offense under Section 31, Penal Code (theft, punishable as a felony);
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution, punishable as a Class A Misdemeanor 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);
- An offense under Section 37.12, Penal Code (false identification as a peace officer); or
- An offense under Section 42.01 (a), (7), (8), or (9), Penal Code (disorderly conduct).

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 (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 any 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

_____

Printed Name

_____

Date

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TO: All Agency Employees taking a HEP B series of injections

This letter is to inform you that the Hepatitis B Vaccine is now available for your immunization. The vaccine will be given in a series of three (3) injections.

The Agency states a worker must be employed for ninety (90) consecutive days prior to scheduling for immunization.

The vaccine will be given in a series of three (3) injections. After the first injection, you will return for the second injection in thirty (30) days. The third injection will be given four (4) months after the second injection.

Arrangements will need to be made with the Physician's office, therefore scheduling through our office must be done three (3) days prior to each vaccination. These can only be scheduled from 8:00 A.M. to 4:00 P.M.

No one will be allowed to take any of the injections without approval through the Agency. If arrangements are not made through our office, the Physician's office will bill you directly and this series is costly, approximately $175.00.

Hepatitis B Virus – General Information Sheet (continued)
Page 2

Possible HBV Vaccine Side Effects:

The incidence of side effects from the Hepatitis B vaccine is very low. Serious side effects from the vaccine have been rare. There is no evidence that the vaccine has ever caused Hepatitis B. Among the side effects experienced, a few people have reported tenderness, swelling, warmth, or redness at the site of the injections. A low grade fever may also occur. Rash, nausea, headache, joint pain, dizziness, soreness at the site of the injection, generalized aching of muscle and joints, and mild fatigue have also been reported, yet are infrequent in occurrence. These complaints have been limited to the first few days after the vaccination has been received. However, as with any vaccine there is the possibility that broad use may reveal more serious reactions which have not yet been observed in clinical trails.

Following the injection of **other** vaccines, anaphylactic reactions, although rare have been reported. It is possible that repeated injections of the Hepatitis B vaccine may rarely lead to Anaphylactic Shock in those individuals who are highly allergic to the vaccine. It is unknown whether the vaccine could cause harm to the recipient, the fetus, or embryo, if the recipient is pregnant at the time of the injection. Furthermore, it is unknown whether the vaccine could affect reproductive capacity or be secreted in human breast milk.

More than 500,00 people have received the vaccine and only two (2) cases of Guillian-Barre Syndrome have been identified in persons who have received the vaccine.

Precautions:

Some individuals should not take the HBV vaccine without first consulting their physician. Any person with a serious active infections should **not** receive the vaccine unless their physician believes that the risk of withholding the vaccine exceeds the risk of possible complications. Those who have severely compromised cardio-pulmonary status and those in whom febrile or systemic reactions could pose a significant risk.

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Refusal Form for Hepatitis B Vaccine Administration

I, _____, have read the Hepatitis B General Information Sheet and have been given an opportunity to ask questions about the inoculation and the risks involved.

I understand I am in a high risk group subject to occupational exposure to Hepatitis B.

I have decided **NOT** to receive the vaccine. Having thoroughly read, understood, and received full explanation of the above information I voluntarily **refuse** this vaccine. Furthermore, I agree to hold the Agency harmless should I experience any adverse consequences as a result of my refusal to accept this vaccine.

_____ _____
Employee Signature Date

_____
Printed Name

_____ _____
Witness Signature Date

_____
Printed Name

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CONSENT FORM FOR HEPATITIS B ADMINISTRATION

I, _____, hereby give my consent to be inoculated against Hepatitis B.

I have read the Hepatitis B General Information Sheet and have been given an opportunity to ask questions about the inoculation and risk involved. All my questions were answered to my satisfaction.

I understand that the adverse reactions associated with HBV inoculation are usually, but not always, limited to localized redness or soreness. I realize that I should not take this vaccine if I am pregnant or breast feeding, because side effects in these circumstances at this time are unknown. I further understand the vaccine may not prevent infection, if unrecognized active infection is present. I also understand that the vaccine should not be taken if an allergy to the compound is known or suspected.

I understand that I must have THREE doses of the vaccine over the next six (6) months. I have thoroughly read, understand, and received full explanation of the above information, and voluntarily consent to receive the vaccine.

Are you allergic to yeast ? Yes No

_____
Employee's Signature

_____ _____
Employee's Printed Name Date

_____
Witness Signature

_____ _____
Witness Printed Name Date

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APPLICANTS FOR EMPLOYMENT
Release of Employment Records

I, _____, hereby authorize Caring Home Health to investigate all facts contained in my application for employment with said Agency, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise. I release all parties from all liabilities for any damages which may result from the furnishing of said information. A copy of this release shall be as valid as the original.

_____/_____/_____ Signed this the _____day of _____, 20 ___
Applicant Social Security #

_____ _____
Applicant Signature Witness Signature

_____ _____
Printed Name of Applicant Printed Name of Witness

Dear: _____,

The above named individual is seeking employment, and has listed you as a reference. We greatly appreciate your completing the following:

Employed as: _____ From:_____ To_____

Reason for leaving:_____

	Very Good	Satisfactory	Fair	Poor
Attendance & Punctuality	[ ]	[ ]	[ ]	[ ]
Job Performance	[ ]	[ ]	[ ]	[ ]
Cooperation	[ ]	[ ]	[ ]	[ ]
Overall Ability	[ ]	[ ]	[ ]	[ ]

Other Comments:_____

Were you his/her direct Supervisor?……Yes [ ] No [ ]

Would you re-hire if you had an opening?…….. Yes [ ] No [ ]

Signature: _____

Title:_____

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Caring Home Health

Subject: Opt. In Electronic Agreement		Policy #: 3061-B
Approved:	Effective:01/11/2018	Procedure-3061

Policy: **Electronic Communication**

Purpose: To legally share client and employee information electronically or digitally

Procedure: Have individuals sign to accept a preferred method of communication. [NOTE] Telephony remains our primary means of communication.

AGREE ☐ DISAGREE ☐

Opt in agreement for ELECTRONIC COMMUNICATION

- If you agree to allow Caring Home Health to communicate with you electronically through SMS messages, Text Messages and E-Mail;
- Print, Date and sign disclaimer.
- Caring Home Health will never share your private Health Information (PHI) nor your Electronic Health Information with any Social Media sites or third party associates.

PRINTED NAME:_____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

HOW WOULD YOU PREFER TO RECEIVE UPDATED INFORMATION

☐ Phone ☐ Text ☐ E-Mail ☐ Paper Mail

Signature: _____ Date: _____

DISCLAIMER:
The information contained in this message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail or if electronic, reroute back to the sender. Thank you.

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