

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State _____ ZIP Code _____

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security #: _____ Salary desired: \$ _____

Position: _____

Are you authorized to work in the U.S.? YES NO Are you at least 18 years of age? YES NO

Have you ever worked for this agency? YES NO If so, when? _____

Referred by? _____

Pediatric Experience

List specific Pediatric Training you have received. Include any experience you have working with children, including personal or non-professional, nursing school rotation, CPR, PALS, Seminars, CEU's, previous employment, , etc.

Where? _____ What? _____ When? (time frame) _____

Licensure/Certification: _____

Education

High School: _____ Address: _____
Graduate? YES NO Degree: _____

College: _____ Address: _____
Graduate? YES NO Degree: _____

Other: _____ Address: _____
Graduate? YES NO Degree: _____

References

List two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ to _____

Rank at Discharge: _____

Interview Questions

1. Hrs & days you are currently working? FT PT PRN

2. Days/hrs you want to work? Available every other weekend?

3. Any Obligations? Arrangements for getting to job?

4. Are you able to work in the Golden Triangle & surrounding areas? Yes No

5. In nursing/caregiving, the area you have a passion for & duties you like the most?

6. How do you handle a situation that is beyond your scope of practice (babysitting other children in home)?

7. Any situation you would have a hard time coping with? (animals, allergies, difficult client/family)

8. How do you react when a co-worker has a personal situation that affects the team?

9. What would references tell me about your work? _____

10. Tell me who "you" are in your own words? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____

Authorization to make Job Offer _____ / _____
Administrator **President Signature**

For Office Use

Date of Job Offer: _____ / _____ / _____ Accept Decline

Date of SOE: _____ Date Available to Work: _____ Rate of Pay: _____
(start with client)

Position: RN LVN Attendant Other _____ FT PT PRN

Interviewer: _____

Statement of Employability

By execution of this document, I _____, hereby acknowledge that I have been informed by Advanced Pediatric Care, Inc. that a criminal history check will be performed on my name. I have informed this agency of all 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 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, 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 (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 1, 2003];
- An offense under Chapter 31, Penal Code (theft punishable as a felony)[applicable to those hired on or after September 1, 2001];
- 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) [applicable to those hired on or after September 1, 2003];
- 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 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 that offense.

Statement of Employability (cont.)

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.

Texas Association for Home Care
3737 Executive Center Drive, Ste. 268
Austin, Texas 78731
(800) 880-880-8893 ★ www.tahc.org
Updated September 7, 2007

Name (Last, First, Middle)	Maiden Name	Start of Employment	
Other Names (aliases, married name(s), etc.)			
Date of Birth mm/dd/yy	Race/Ethnicity	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #

Signature of Applicant

Printed Name

Date

Office Use Only

EMERGENCY HIRE AFFIDAVIT

The agency will request a criminal history record within 72 hours of date of employment.

Criminal History Check Date _____

Advanced Pediatric Care, Inc.
3330 Fannin
Beaumont, TX. 77701
(409) 832-3304 (409) 835-2799 Fax

Reference Letter

Date: _____

To: _____ (Company Name) _____
_____ (Mailing Address) Phone #
_____ (City, State, Zip)

Attention: Employment Verification

The individual whose signature appears on this form has applied to the Agency for employment in the health care field and has submitted your name as a former employer for reference purposes.

The serious nature of our responsibility to our clients is such that any consideration of an individual for employment by the Agency is dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

I hereby authorize you to fulfill the above request for information.

Applicant's Signature

Applicant's Name: _____ SS#: _____

Other Names (aliases, married names, etc.): _____

Applicant do not write below this line.

Position Held: _____

Employment Date: From: _____ To: _____

Did Applicant Resign? Yes No

Was Applicant Terminated? Yes No

Reason for Leaving?

Eligible for Rehire? Yes No

Date

Signature

Title

Advanced Pediatric Care, Inc.
3330 Fannin
Beaumont, TX. 77701
(409) 832-3304 (409) 835-2799 Fax

Reference Letter

Date: _____

To: _____ (Company Name) _____
_____ (Mailing Address) Phone #
_____ (City, State, Zip)

Attention: Employment Verification

The individual whose signature appears on this form has applied to the Agency for employment in the health care field and has submitted your name as a former employer for reference purposes.

The serious nature of our responsibility to our clients is such that any consideration of an individual for employment by the Agency is dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

I hereby authorize you to fulfill the above request for information.

Applicant's Signature

Applicant's Name: _____ SS#: _____

Other Names (aliases, married names, etc.): _____

Applicant do not write below this line.

Position Held: _____

Employment Date: From: _____ To: _____

Did Applicant Resign? Yes No

Was Applicant Terminated? Yes No

Reason for Leaving?

Eligible for Rehire? Yes No

Date

Signature

Title