

## Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

**Applicant Name** (First Last Name): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Are you at least 18 years old?  Yes  No      Position Applying For: \_\_\_\_\_

Full time       Part time       Pool      Shift:  Day  Evening  Night  Weekends

If you are not a US citizen, do you have the legal right to remain permanently in the US?  Yes  No

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

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

### Educational History

| Type of School | Name and 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:<br>To:              |           |        |

List professional licenses you possess. Indicate type (i.e., license, certification, registration, etc.), number, and issuing state:

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List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

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## Application for Employment

Name: \_\_\_\_\_

List languages spoken other than English:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### 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.

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| <b>Company Name</b> | Complete Address including city, state, zip                              | <b>Phone Number</b> | Supervisor's Name  |
| <b>Date Started</b> | Type of Business<br><input type="checkbox"/> Full time                   | Reason for Leaving  | Ok to Contact Supervisor<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date Left</b>    | <input type="checkbox"/> Part time<br><input type="checkbox"/> Per visit |                     |  |

Describe your job title, responsibilities, and accomplishments:

\_\_\_\_\_

\_\_\_\_\_

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| <b>Company Name</b> | Complete Address including city, state, zip                              | <b>Phone Number</b> | Supervisor's Name  |
| <b>Date Started</b> | Type of Business<br><input type="checkbox"/> Full time                   | Reason for Leaving  | Ok to Contact Supervisor<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date Left</b>    | <input type="checkbox"/> Part time<br><input type="checkbox"/> Per visit |                     |  |

Describe your job title, responsibilities, and accomplishments:

\_\_\_\_\_

\_\_\_\_\_

## Application for Employment

Name: \_\_\_\_\_

|              |  |                    |  |
|--------------|--|--------------------|--|
| Company Name | Complete Address including city, state, zip  | Phone Number       | Supervisor's Name  |
| Date Started | Type of Business<br><input type="checkbox"/> Full time<br><input type="checkbox"/> Part time<br><input type="checkbox"/> Per visit | Reason for Leaving | Ok to Contact Supervisor<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Left    |  |                    |  |

Describe your job title, responsibilities, and accomplishments:

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**Personal References – Name, Phone, Relationship:**

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**Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Out-of-State Contact (if possible): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Application for Employment

**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 Agency 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 Agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate termination without recourse.
- I understand and agree that if I am offered employment by the Agency, my employment will be for no definite term and that either I, or the Agency 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 as to all material terms and is signed by me and the Administrator of the Agency.
- I understand that if I have direct patient/client contact the Agency will perform a background check, including criminal history check (if applicable), OIG LEIE check (if applicable), and any additional checks as required by accrediting body standards or state regulations. I further understand, if I am an unlicensed person, the Agency will perform a 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 HHS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-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 registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable. I understand that a refusal to authorize the criminal background check may result in adverse employment action, such as rejection of the application or termination of employment.

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 / enrollment or admissions office of all educational institutions attended to release an 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:** \_\_\_\_\_

|                                |                |                      |   |
|--------------------------------|----------------|----------------------|---|
| <b>FOR OFFICE<br/>USE ONLY</b> | . Interview(s) | ┐ References Checked | If Hired:<br><br>Position: _____ Start Date: _____<br><br>Salary: _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
|--------------------------------|----------------|----------------------|---|

## Attendant Acknowledgment of Temporary Assignment

We are an “at will” employer. This is defined by the Texas Workforce Commission as: “...absent a statute or an express agreement (such as an employment contract) to the contrary, either party in an employment relationship may modify any of the terms or conditions of employment, or terminate the relationship altogether, for any reason, or no particular reason at all, with or without advance notice...”

([http://www.twc.state.tx.us/news/eftc/pay\\_and\\_policies\\_general.html](http://www.twc.state.tx.us/news/eftc/pay_and_policies_general.html); downloaded 12/24/13)

All attendant assignments to a particular client are temporary assignments. Examples include, but are not limited to:

- \* Texas Health and Human Services (HHS) refers individuals to the Agency. HHS may transfer an individual from the Agency to another agency. This is outside the Agency’s control.
- \* There might be a break in service with a particular client if she or he goes into a hospital or other facility or goes on vacation for a period of time. This is outside the Agency’s control.
- \* Another reason the assignment might end is due to the death of the individual. This is outside the Agency’s control.
- \* The individual might request that the Agency assign another attendant for whatever reason such as tasks are not being performed to the individual’s satisfaction, the attendant is not working according to schedule, or the attendant is not following the rules of conduct. This is outside the Agency’s control.
- \* On rare occasions, you might ask for a different assignment.

The above are a few examples of reasons why the assignments are temporary. If you have any questions about your assignment(s) with the Agency, please ask your supervisor or a Human Resources contact.

There is ongoing work available because you can be assigned to a different individual or to other duties within the Agency unless you are discharged according to the Agency’s Progressive Discipline Policy.

You must call us when you are available for work so an assignment can be made to you.

I acknowledge I have been given an opportunity to ask questions about the temporary nature of my assignment(s) with the Agency. I understand that all assignments given to me are temporary. I understand there is other work available unless I am discharged per the Agency’s Progressive Discipline Policy.

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Attendant’s Signature Date

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Agency Representative Date

## **WAGE INFORMATION AND DEDUCTION AUTHORIZATION AGREEMENT**

I understand and agree that my employer, \_ (Agency), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the Company's group medical/dental plan;
2. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company; if my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.
3. installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges;
5. if I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. the cost to the Company of personal long-distance calls I may make, or messages I may send, using Company phones (land lines or cell phones) or Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
7. the cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount)\*;
8. the cost of Company uniforms and of cleaning the uniforms (the Company will deduct only the actual price it pays for uniforms and cleaning costs)\*\*;
9. the reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment\*\*\*;

- 10. administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
- 11. if I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
- 12. the value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
- 13. if your client(s) gets admitted to hospital, any facility or (passed away), don't clock in until a day after client returns home and notify agency at time of admission or expired. If you clock in it's consider fraud and if payment was made to you, payment will be taken out from next check or if there isn't no more payment for you then you are required to return the payment.
- 14. (any other items appropriate for your company's situation - go over this with your attorney).

In addition, agency do not pay for any mileage, gas, holiday, sick leave, day off or vacation time. Agency doesn't offer any health, medical benefits/insurance. If you need health/medical insurance please contact market place to sign up. Medicaid and Agency don't allow attendant/caregiver to drive client unless attendant/caregiver is related or friend to client. If client needs a ride client will have to call their insurance company or call logistic Medicaid transportation at 855-687-877-633-8747.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

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|                 |                       |       |
|-----------------|-----------------------|-------|
|                 |                       |       |
| Employee's Name | Signature of Employee | Date. |

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Company Representative

### Reference Request

Date: \_\_\_\_\_ Check method of gathering reference data:  Verbal  Mail  Other: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Company/Facility: \_\_\_\_\_

The individual named below is applying for a position as \_\_\_\_\_ and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance, (name of representative) \_\_\_\_\_

#### Applicant Release

Last Name, First, Middle: \_\_\_\_\_

Maiden/Alias (if applicable): \_\_\_\_\_

SSN: \_\_\_\_\_ 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 dates: From \_\_\_\_\_ To \_\_\_\_\_

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

|                                |               |          |          |          |                      |
|--------------------------------|---------------|----------|----------|----------|----------------------|
| Quality of Work                | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Knowledge & Skills             | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Reliability & Attendance       | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Cooperation                    | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Competence                     | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Supervisory Ability & Capacity | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Grooming                       | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |

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 the applicant eligible for rehire?  Yes  No If no, explain: \_\_\_\_\_

Please attach any additional comments.

Signature: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Reference Request

Date: \_\_\_\_\_ Check method of gathering reference data:  Verbal  Mail  Other: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Company/Facility: \_\_\_\_\_

The individual named below is applying for a position as \_\_\_\_\_ and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance, (name of representative) \_\_\_\_\_

#### Applicant Release

Last Name, First, Middle: \_\_\_\_\_

Maiden/Alias (if applicable): \_\_\_\_\_

SSN: \_\_\_\_\_ 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 dates: From \_\_\_\_\_ To \_\_\_\_\_

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

|                                |               |          |          |          |                      |
|--------------------------------|---------------|----------|----------|----------|----------------------|
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| Knowledge & Skills             | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Reliability & Attendance       | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Cooperation                    | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Competence                     | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Supervisory Ability & Capacity | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |
| Grooming                       | 4 = Excellent | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not applicable |

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 the applicant eligible for rehire?  Yes  No If no, explain: \_\_\_\_\_

Please attach any additional comments.

Signature: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Job Description/Performance Evaluation

### Title: Personal Care Attendant

#### Job Summary:

Primary functions: provide personal assistance and/or health-related services to patients/clients in their place of residence; provide a safe and clean environment; work cooperatively with the patient/client and family; and report observations and problems to the Supervisor.

**Reporting Responsibility:** Supervisor, Office Manager, Alt. Admin, Administrator, Other (per Agency)

#### Job Qualifications:

**Education:** If under 18 years of age, must be either a high school graduate or enrolled in a vocational education program

**Licensure:** Must have current driver's license or reliable transportation to travel to assignments

**Experience:** If at least 18 years of age, have proof of competency through education and/or experience or demonstrate competency to perform tasks as assigned. If under age 18, must successfully demonstrate competency to perform tasks assigned.

**Skills:** Must be able to follow written and verbal instructions and be competent to perform tasks assigned by supervisor. Demonstrates interest in the welfare of those who are elderly and/or disabled. Must successfully complete a Competency Evaluation Skills Checklist and pass a written Skills Test as required if performing G-Tube feedings.

**Background Checks:** Must agree to and pass a criminal history check and an Employee Misconduct Registry check.

#### Environmental and Working Conditions:

Works in client's residence in various conditions; possible exposure to blood, body fluids and infectious diseases; must have the ability to work a flexible schedule and travel locally; some exposure to unpleasant weather.

#### Physical and Mental Effort:

Prolonged standing and walking required. Must have the ability to lift up to 50 pounds and move clients. Requires working under some stressful conditions to meet deadlines, to identify client needs, to make quick decisions and to meet client and family psychosocial needs. Requires hand-eye coordination and manual dexterity. Must have the ability to use durable medical equipment in the home.

#### Essential Functions:

#### Evaluation:

|   |  |
|---|--|
| Promote positive, supportive, and respectful communication to the client and family and Agency personnel            |  |
| Provide an environment that promotes respect for the client's privacy and property                                  |  |
| Provide personal assistance or health-related tasks to client according to the Individualized Service Plan          |  |
| Appropriately report changes to ensure continuity of care   |  |
| Practice accepted infection control principles  |  |
| Provide a clean, safe, and comfortable environment  |  |
| Utilize skills necessary to perform services according to the Agency's policy                                       |  |
| Contribute to the management and efficient operation of the Agency and demonstrate effective time management skills |  |
| Demonstrate commitment, professional growth and competency by attending required in-services                        |  |
| Promote the Agency's philosophy and administrative policies to ensure quality of care                               |  |

**Statement of Understanding:**

I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I will adhere to Agency compliance with laws and regulations in a professional manner. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer’s right to discipline or terminate my employment at any time for failure to perform satisfactorily.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluation Codes:**

1 – Does not meet job requirements/expectations   2 – Occasionally meets job requirements   3 – Normally meets job requirements  
4 – Meets and occasionally exceeds job requirements   5 – Regularly exceeds job requirements

**Comments/Goals:** \_\_\_\_\_

kk

**Use back for additional comments/goals.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Evaluator/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

|  |  |   |                      |                            |                                |   |
|--|--|---|----------------------|----------------------------|--------------------------------|---|
| Last Name (Family Name)  |  | First Name (Given Name)   |                      | Middle Initial (if any)    | Other Last Names Used (if any) |   |
| Address (Street Number and Name)   |  |   | Apt. Number (if any) | City or Town               |                                | State   |
| Date of Birth (mm/dd/yyyy)   |  | U.S. Social Security Number   |                      | Employee's Email Address   |                                | Employee's Telephone Number                     |
| <p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p> |  | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                      |                            |                                |   |
|  |  | <input type="checkbox"/> 1. A citizen of the United States  |                      |                            |                                |   |
|  |  | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                      |                            |                                |   |
|  |  | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                      |                            |                                |   |
| <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)  |  |   |                      |                            |                                |   |
| If you check <b>Item Number 4.</b> , enter one of these:   |  |   |                      |                            |                                |   |
| USCIS A-Number   |  | OR  |                      | Form I-94 Admission Number |                                | OR  |
|  |  |   |                      |                            |                                | Foreign Passport Number and Country of Issuance |
| Signature of Employee  |  |   |                      |                            | Today's Date (mm/dd/yyyy)      |   |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

|  | List A   | OR   | List B                    | AND | List C                                |
|--|--|--|---------------------------|-----|---------------------------------------|
| Document Title 1   |  |  |                           |     |                                       |
| Issuing Authority  |  |  |                           |     |                                       |
| Document Number (if any)   |  |  |                           |     |                                       |
| Expiration Date (if any)   |  |  |                           |     |                                       |
| Document Title 2 (if any)  | <p><b>Additional Information</b></p><br><br><br><br><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |  |                           |     |                                       |
| Issuing Authority  |  |  |                           |     |                                       |
| Document Number (if any)   |  |  |                           |     |                                       |
| Expiration Date (if any)   |  |  |                           |     |                                       |
| Document Title 3 (if any)  |  |  |                           |     |                                       |
| Issuing Authority  |  |  |                           |     |                                       |
| Document Number (if any)   |  |  |                           |     |                                       |
| Expiration Date (if any)   |  |  |                           |     |                                       |
| <p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p> |  |  |                           |     |                                       |
| Last Name, First Name and Title of Employer or Authorized Representative   |  |  |                           |     | First Day of Employment (mm/dd/yyyy): |
| Famakinwa, Tony  |  |  |                           |     |                                       |
| Signature of Employer or Authorized Representative   |  |  | Today's Date (mm/dd/yyyy) |     |                                       |
| Tony Famakinwa   |  |  |                           |     |                                       |
| Employer's Business or Organization Name   |  | Employer's Business or Organization Address, City or Town, State, ZIP Code |                           |     |                                       |
|  |  | 1987 Obsidian Trl. Forney. Tx. 75126                                       |                           |     |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check per TX H&SC 250.006. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. As required, I agree to a search of the Texas Health and Human Services Commission's OIG List of Excluded Individual/Entities and the HHS - OIG Excluded Individuals/Entities Search Database prior to being hired and monthly thereafter. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed as unemployable in the NAR or EMR per TAC §93.3 and Tx H&SC Chapter 253.

### CRIMINAL HISTORY CHECK

I have informed this Agency of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check and that I may not have face-to-face client contact until results are returned. I will be notified of results.

### CONVICTIONS BARRING EMPLOYMENT.

A. A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnaping, unlawful restraint, and smuggling of persons);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children) or Section 21.11, Penal Code (indecent with a child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.04, 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 22.08, 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 21.08, Penal Code (indecent exposure);
- 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 22.05, Penal Code (deadly conduct);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 22.07, Penal Code (terroristic threat);
- An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
- 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 livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals);
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection; or
- An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.

## STATEMENT OF EMPLOYABILITY

- B. A person may not be employed in a position the duties of which involve direct contact with a client in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
- An offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony);
  - An offense under Section 30.02, Penal Code (burglary);
  - An offense under Chapter 31, Penal Code (theft) that is punishable as a felony);
  - An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
  - An offense under Section 32.46, Penal Code (securing execution of a document by deception) that is punishable as a Class A misdemeanor or a felony.
  - An offense under Section 37.12, Penal Code (false identification as a peace officer; misrepresentation of property); or
  - An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).
- C. In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- Of an offense under Section 30.02, Penal Code (burglary); or
  - Under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.
- D. For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with, Article 42A.111 Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

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

\_\_\_\_\_  
Date

**For Agency Use Only:** Criminal History, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and OIG Exclusion Lists checks completed:

Criminal History Check completed on-line     Other Convictions identified on Criminal History. (Document the reason for hiring in Comments below.)

NAR     EMR checked online at

<https://emr.dads.state.tx.us/DadsEMRWeb/https://emr.dads.state.tx.us/DadsEMRWeb/>

OIG Exclusion Lists checked at <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx> and <http://www.oig.hhs.gov/fraud/exclusions.asp>

Applicant employable     Applicant not employable     Comments:

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Date