

Walls Universal Home Health & Hospice Services
1208 Country Club Ln., Fort Worth, Texas 76112, 817-451-1404
Application for Employment

___ Administrative ___ Home Health ___ Hospice ___ Staffing ___ Volunteer

It is this agency's policy not to discriminate in employment with respect to age, race, color religion, military status, gender identify, genetic information, sex, marital status, national origin, disability, or source of payment.

Today's Date: _____

Applicant Name: _____ **Email Address:** _____

Present Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Mobile Phone:** _____

Social Security Number: _____ **Are You at Least 18 Years Old?** Yes No

Position Applying For: Full Time Part Time Per Visit Pool Part Time Shift: Day Night Evening W/E

Salary Requirements: _____ **Date 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 (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense 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 traffic violation? Yes No If Yes, give date, place and nature of each such conviction.

Educational 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 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 or disability.

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 an 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 **Complete all areas of Work History. DO NOT WRITE SEE RESUME!**

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

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"/> Per Visit <input type="checkbox"/> Part Time	Salary	Reason For Leaving
			OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

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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

Describe your job title, responsibilities and accomplishments

NAME: _____

Give (3) PERSONAL (no family members) REFERENCES: (Name, Phone Number, 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 that 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 as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I direct patient contact or contact with patients records, that the agency will preform a criminal history check per Federal Regulations, as well as check of the Nurse Aide Registry and Employee Misconduct Registry for unlicensed employees. 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 Texas Health and Human Services Commission (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 HHS and they review and investigate allegations 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**.

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 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: _____

FOR OFFICE USE ONLY	<input type="checkbox"/>	References Checked	If Hired: Position:	Start Date:
	<input type="checkbox"/>	Nurse Aide Registry Checked		
	<input type="checkbox"/>	Employee Misconduct Registry checked	Salary:	FT/PT/Per Visit
	<input type="checkbox"/>	State of Texas Criminal Conviction records checked		
	<input type="checkbox"/>	Professional License verified		