



**HOSPICE OF EAST TEXAS/PALLIATIVE CARE SERVICES/HOMEPLACE**

903/266-3400 FAX: 903/565-6687

**APPLICATION FOR EMPLOYMENT**

DATE OF APPLICATION: \_\_\_\_\_

LAST NAME                      FIRST                      MIDDLE                      MAIDEN                      OTHER NAMES USED

**PRESENT ADDRESS:** STREET ADDRESS/APT. #    CITY    STATE    ZIP    HOME PHONE: (    ) \_\_\_\_\_  
ALTERNATE#: (    ) \_\_\_\_\_

IF HIRED, CAN YOU PRESENT EVIDENCE OF U.S. CITIZENSHIP OR LEGAL RIGHT TO LIVE & WORK IN THIS COUNTRY?  
 YES             NO

POSITION OR TYPE OF WORK APPLYING FOR: \_\_\_\_\_

DO YOU HAVE RELATIVES WORKING AT HOET?     YES     NO    Name/Relationship: \_\_\_\_\_

PRESENTLY EMPLOYED:     YES             NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?     YES     NO            SOCIAL SEC. #: \_\_\_\_\_

SEEKING:     FULL TIME     PART TIME     PRN     TEMPORARY            DRIVERS LIC. #: \_\_\_\_\_

HOMEPLACE (Inpatient Care Facility)     FULL TIME     PART TIME     PRN    \* Shift Preference: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_                      SALARY DESIRED: \_\_\_\_\_

**TRAINING/EDUCATION:**

PLEASE INDICATE ANY EDUCATIONAL, VOCATIONAL, ON-THE-JOB, OR OTHER TRAINING YOU HAVE RECEIVED WHICH WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND/OR IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

HIGH SCHOOL                      NAME                      LOCATION                      DATE GRADUATED

COLLEGE                      NAME                      LOCATION                      DATES ATTENDED                      DEGREE                      MAJOR/MINOR

GRADUATE SCHOOL                      NAME                      LOCATION                      DATES ATTENDED                      DEGREE                      MAJOR/MINOR

OTHER SCHOOLS, SPECIAL TRAINING OR SKILLS, INCLUDING LANGUAGES: \_\_\_\_\_

**PROFESSIONAL LICENSE OR CERTIFICATION**                      **TYPE**                      **STATE ISSUED**                      **NUMBER**                      **DATE RECEIVED**                      **DATE EXPIRES**

TEXAS LAW PERMITS OBTAINING RECORD OF CONVICTIONS, DEFERRED ADJUDICATIONS OF FELONY CHARGES AND CURRENT OFFENSES. **I UNDERSTAND A CRIMINAL HISTORY CHECK MAY BE DONE.**  
 YES                      \_\_\_\_\_ INITIAL

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY?     YES     NO **IF YES, PLEASE STATE REASON AND CHARGES.**

\_\_\_\_\_ DATE OF OCCURRENCE \_\_\_\_\_

Have you ever been excluded from the Medicare/Medicaid Program?  
Please circle: Yes or No

WORK EXPERIENCE: Work experience must be documented on this form  
**Account for all periods of unemployment**

Address:

Present/last Employer:

City/State:

Phone:

Supervisor:

Start Date:

Left:

Beginning Pay:

Ending Pay:

Job Title:

Duties:

Reason for Leaving:

Address:

Name of Employer:

City/State:

Phone:

Supervisor:

Start Date:

Left:

Beginning Pay:

Ending Pay:

Job Title:

Duties:

Reason for Leaving:

Address:

Name of Employer:

City/State:

Phone:

Supervisor:

Start Date:

Left:

Beginning Pay:

Ending Pay:

Job Title:

Duties:

Reason for Leaving:

**PLEASE READ AND SIGN THE FOLLOWING EMPLOYMENT AGREEMENT**

I certify that the information on this form is true and correct to the best of my knowledge and that any misrepresentation or willful omission of facts will be cause for rejection of this application or termination of employment. I hereby authorize **Hospice of East Texas, Inc.** to conduct searches and checks on work history, personal references, driving history, criminal conviction records and the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry (when applicable) to determine my acceptability for employment. **I understand that if I am listed on the Employee Misconduct Registry, then I will not be eligible for employment with this agency.**

I understand, and agree, that as a condition of employment I may be required to pass scheduled physical examinations as they relate to my ability to discharge my duties. I understand I may also be required to pass a drug test. I understand that any employment relationship with this employer is "At Will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by **Hospice of East Texas, Inc.**

I further agree to observe all rules, regulations, and policies of **Hospice of East Texas, Inc.** **Hospice of East Texas, Inc.**, ensures applicants and employees are provided equal employment and advancement opportunities without regard to race, religion, gender, national origin, sexual orientation, age or disability status.

Signature:

Date:



**AUTHORIZATION FOR CRIMINAL HISTORY CHECKS AND  
SEARCHES FOR OFFENSES BARRING EMPLOYMENT**

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

Please Print

**I authorize Hospice of East Texas/Palliative Care Services to conduct searches and checks on work history, personal references, Driving History, Criminal History Records, the Texas Department of Human Services Nurse Aide Registry, and the Employee Misconduct Registry (when applicable) to determine my employability.**

An Applicant/Employee may not be employed by this Agency if their name is listed on the Employee Misconduct Registry. To search the **Employee Misconduct Registry** this agency will call the Department of Human Services Toll Free Number (800) 452-3934 (option #2 from menu) to verify an applicant is not listed as having committed an act that constitutes Reportable Conduct as defined by Health and Safety Code, §48.401, and any rules that further define "reportable conduct" as allowed by Health Safety Code, §48.402.

**Reportable Conduct**

- abuse or neglect that causes death or harm to an individual receiving agency services or a resident or consumer of a facility;
- sexual abuse of an individual receiving agency services or a resident or consumer of a facility;
- financial exploitation of an individual receiving agency services or a resident or consumer of a facility in an amount of \$25 or more;
- emotional, verbal, or psychological abuse that causes harm to an individual receiving agency services or a resident or consumer of a facility.

Offenses that constitute a bar to employment and for which an administrative review is not available per the Health and Safety Code, Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities 250.006, and included in the Texas Department of Human Services Licensing Standards for Home and Community Support Services Agencies (LSHCSSA) are as listed:

(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 (kidnapping and unlawful restraint);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecent 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 a 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 (terrorist 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 42.08, 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 elements that are substantially similar to the elements of an offense listed by this subsection.
- An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves

(B) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility 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); 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 Section 5©, Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

#### **Authorization for Criminal History Checks/Searches for Offenses Barring Employment**

Subsection (f) Effective September 1, 2001, a person may not be employed in this agency if the person has been convicted of an offense under Chapter 31, Penal Code, (theft) which is punishable as a felony before the fifth anniversary of the date of the conviction.

Subsection (g) Effective February 1, 2002, if DPS reports that a person has a criminal conviction of any kind, this agency will review the criminal conviction to determine if the conviction(s) listed in the report meets the criteria as an automatic bar for employment provided under the above referenced criteria.

Subsection (h), if this agency believes that a conviction may bar a person from employment, we will notify the applicant or employee. The notification will include a statement that informs the person he/she may contact DPS to request an opportunity to be heard concerning the accuracy of the criminal history record information.

Conviction of a DUI (driving under the influence) may bar an employment in a position in which the employee is required to travel as part of their job duties.

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

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