

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____
Address _____ City/State/Zip _____
Telephone _____ Cellular _____ Fax _____
Location to work within _____ Soc Sec. last 4 XXX-XX- _____ E-Mail _____
Position Applied For _____ Referral Source _____
Desired Salary Range _____ Availability (Days/Hours) _____

EMPLOYMENT HISTORY

Provide the following information of your past and current employers/assignments/volunteer activities, starting with the most recent.

Employer's Name _____ Position Held/Job Title _____
Address _____ City/State/Zip _____
Telephone _____ From _____ To _____
Duties _____

Employer's Name _____ Position Held/Job Title _____
Address _____ City/State/Zip _____
Telephone _____ From _____ To _____
Duties _____

Employer's Name _____ Position Held/Job Title _____
Address _____ City/State/Zip _____
Telephone _____ From _____ To _____
Duties _____

EDUCATIONAL BACKGROUND

List the last three (3) institutions (schools/colleges/universities) attended, starting with the most recent.

Institution Name _____ Course study/Degree _____
Address _____ From _____ To _____

Institution Name _____ Course study/Degree _____
Address _____ From _____ To _____

Institution Name _____ Course study/Degree _____
Address _____ From _____ To _____

SKILLS & QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired from previous employment or other experiences.

REFERENCES - PERSONAL/PROFESSIONAL

Please list three (3) references we may contact. Do not include family members.

Name	_____	Telephone	_____	Number of years known	_____
Name	_____	Telephone	_____	Number of years known	_____
Name	_____	Telephone	_____	Number of years known	_____

APPLICANT STATEMENT

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application, or (2) discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer and its representatives or agents, to contact and obtain any information from all references (personal and professional), employers, public agencies, licensing authorities, professional license authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer and its representatives, agents or employees, for seeking and/or gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreement contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I understand that the company will be required to perform a level I and/or level II criminal background check.

A final employment offer will not be extended until the results from the state background, sex offender, and OIG verification is done. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal Immigration laws require me to complete and I-9 form.

Total Private Houston Home Health provides a safe and productive work environment for all employees. It is the policy of the company that the employees will not be involved with the unlawful use, possession, sale, or transfer of drugs or narcotics in any manner that may impair ability to perform assigned duties. Otherwise adversely affect company operations.

DO NOT SIGN UNTIL YOU HAVE READ AND AGREE TO THE APPLICANT STATEMENT LISTED ABOVE.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION STATEMENT.

APPLICANT SIGNATURE _____

DATE _____

EMERGENCY CONTACT

Staff Name: _____ ID: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

A. Contact Name: _____

Address: _____

Contact Home Phone Number: _____

Contact Cell Phone Number: _____

B. Contact Name: _____

Address: _____

Contact Home Phone Number: _____

Contact Cell Phone Number: _____

IN THE EVENT OF A HURRICANE (OTHER NATURAL DISASTER) I WILL:

Stay at home

Stay with family –Name/address/telephone: _____

Go to a shelter _____
Shelter address

Go to a hospital, if medically necessary _____

Staff Name

Staff Signature

Date

REQUEST FOR EMPLOYMENT REFERENCE

ATTN: HUMAN RESOURCES DEPARTMENT FROM: HUMAN RESOURCES DEPARTMENT
 COMPANY: _____ COMPANY: _____
 PHONE: _____ PHONE: _____
 FAX: _____ FAX: _____

To whom it may concern:

The applicant listed below has provided your name as an employment reference. Your assistance is very important in the thorough screening of our applicants. At your earliest convenience, please complete "Section 2" of this form. The information is **CONFIDENTIAL**.

When you have completed the form, please fax it or mail it to the address/fax number listed above. Should you have any questions or concerns, please do not hesitate in contacting me.

Your attention to this matter is greatly appreciated.

Section 1 - To be completed by the applicant

I, the applicant listed below, hereby authorize **The Home Health Agency**, to request information regarding my qualifications and performance during my period of employment with the employer listed above. I release the employer stated above and **The Home Health Agency**, as the prospective employer, from any and/or all liability as a result of the information provided herein which I have agreed to by signing my name below.

Applicant Name _____ Social Security No. _____
 Signature _____ Position Applied For _____

Section 2 - To be completed by the previous employer

Position Held _____ Worked From _____ To _____
 Eligible for Re-hire Yes No Reason for Leaving _____

Please evaluate performance as:	Excellent	Good	Fair	Poor	Additional Comments
Punctuality and Attendance	[]	[]	[]	[]	_____
Ability to Follow Directions	[]	[]	[]	[]	_____
Relations with Others	[]	[]	[]	[]	_____
Skills/Proficiency	[]	[]	[]	[]	_____
Job Knowledge	[]	[]	[]	[]	_____
Quality of Work	[]	[]	[]	[]	_____
Attitude	[]	[]	[]	[]	_____
Cooperation	[]	[]	[]	[]	_____
Overall Job Performance	[]	[]	[]	[]	_____

Information provided by:

Name & Title _____ Signature _____ Date _____

Note: This facsimile and any accompanying document(s), contain legally privileged and confidential information. The information is intended for the use of the recipient listed below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, explanation of, or the taking of any action relying on the contents of this facsimile is strictly prohibited. If you receive this facsimile in error please notify us immediately at the number listed above. Thank you. **Revised 06/2024**

REQUEST FOR EMPLOYMENT REFERENCE

ATTN: HUMAN RESOURCES DEPARTMENT FROM: HUMAN RESOURCES DEPARTMENT
 COMPANY: _____ COMPANY: _____
 PHONE: _____ PHONE: _____
 FAX: _____ FAX: _____

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Please evaluate performance as:	Excellent	Good	Fair	Poor	Additional Comments
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Ability to Follow Directions	[]	[]	[]	[]	_____
Relations with Others	[]	[]	[]	[]	_____
Skills/Proficiency	[]	[]	[]	[]	_____
Job Knowledge	[]	[]	[]	[]	_____
Quality of Work	[]	[]	[]	[]	_____
Attitude	[]	[]	[]	[]	_____
Cooperation	[]	[]	[]	[]	_____
Overall Job Performance	[]	[]	[]	[]	_____

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ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form may be used by **all employees** to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **Section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

Employee/Contractor Name:
Health Care Provider/ Employer Name:
Address of Health Care Provider:

I hereby attest to meeting the requirements for employment and that I have not been arrested for and been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

- (a) Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.
- (b) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (c) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (d) Section 414.39, relating to fraud, if the offense was a felony.
- (e) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 782.04, relating to murder.
- (h) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (i) Section 782.071, relating to vehicular homicide.
- (j) Section 782.09, relating to killing of an unborn quick child by injury to the mother.
- (k) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (l) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (m) Section 784.03, relating to battery, if the victim of the offense was a minor.

- (n) Section 787.01, relating to kidnapping.
- (o) Section 787.02, relating to false imprisonment.
- (p) Section 787.025, relating to luring or enticing a child.
- (q) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (r) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (s) Section 787.06, relating to human trafficking.
- (t) Section 787.07, relating to human smuggling.
- (u) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (v) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (w) Section 794.011, relating to sexual battery.
- (x) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (y) Section 794.05, relating to unlawful sexual activity with certain minors.
- (z) Chapter 796, relating to prostitution.
- (aa) Section 798.02, relating to lewd and lascivious behavior.
- (bb) Chapter 800, relating to lewdness and indecent exposure.
- (cc) Section 806.01, relating to arson.
- (dd) Section 810.02, relating to burglary.
- (ee) Section 810.14, relating to voyeurism, if the offense is a felony.
- (ff) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (gg) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (hh) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ii) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (jj) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (kk) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (ll) Section 826.04, relating to incest.
- (mm) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (nn) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (oo) Former s. 827.05, relating to negligent treatment of children.
- (pp) Section 827.071, relating to sexual performance by a child.
- (qq) Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.
- (rr) Section 836.10, relating to written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.
- (ss) Section 843.01, relating to resisting arrest with violence.
- (tt) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (uu) Section 843.12, relating to aiding in an escape.
- (vv) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (ww) Chapter 847, relating to obscene literature.
- (xx) Section 859.01, relating to poisoning food or water.
- (yy) Section 873.01, relating to the prohibition on the purchase or sale of human organs and tissue.
- (zz) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (aaa) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (bbb) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (ccc) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (ddd) Section 944.40, relating to escape.

(eee) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(fff) Section 944.47, relating to introduction of contraband into a correctional facility.

(ggg) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(hhh) Section 985.711, relating to contraband introduced into detention facilities.

(iii) Section 435.04(3), The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S.

(a) Any authorizing statutes, if the offense was a felony.

(b) This chapter, if the offense was a felony.

(c) Section 409.920, relating to Medicaid provider fraud.

(d) Section 409.9201, relating to Medicaid fraud.

(e) Section 741.28, relating to domestic violence.

(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems.

(h) Section 817.234, relating to false and fraudulent insurance claims.

(i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.

(j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.

(k) Section 817.505, relating to patient brokering.

(l) Section 817.568, relating to criminal use of personal identification information.

(m) Section 817.60, relating to obtaining a credit card through fraudulent means.

(n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(o) Section 831.01, relating to forgery.

(p) Section 831.02, relating to uttering forged instruments.

(q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

(s) Section 831.30, relating to fraud in obtaining medicinal drugs.

(t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony

(u) Section 895.03, relating to racketeering and collection of unlawful debts.

(v) Section 896.101, relating to the Florida Money Laundering Act.

- I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).

Date of Decision: _____

- I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

****A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years by the Department of Financial Services and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: _____

Attestation

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

Employee/Contractor Signature

Title

Date

Background Screening Requirements / Release of Information Authorization Form

The attestation requirements of section 435.05(2), Florida Statutes, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this section 435.05(2), and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer;

AND

The proof of screening within the previous 5 years in section 408.809(2), Florida Statutes which requires proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 if the person has not been unemployed for more than 90 days.

AND

The home health agency will perform a sex offender and OIG clearance as part of the background screening requirements.

This form will maintain in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an application for a health care provider license, please attach a copy of the screening results and submit with the licensure application.

All persons subject to screening will be required to be rescreened every five years. According to section 435.12(2)(c), F.S., an employer of persons subject to screening by a specified. Agency must register with the Clearinghouse and maintain the employment status of all Employees/contractors within the Clearinghouse. Initial employment /contract status and any Changes in status must be reported within 10 business days.

By my signature below, I authorize the home health agency and Florida State Bureau of Investigation, Division of the Criminal Information to perform a criminal history record information check relative to my application for employment or volunteer services. I further understand that the health care provider cannot provide me with a copy of the results of this criminal history check record.

As a condition of my candidacy for employment, I understand that The home health agency will conduct a background check about me for employment purposes. As part of the application process for employment at the home health agency, I acknowledge and understand that the home health agency may seek and obtain consumer reports and/or investigative consumer reports, as defined in the Fair Credit Reporting Act, about me. I further acknowledge and understand that the reports may be used for the following purposes: Considering my application for employment; Making a decision whether to offer me employment with ; Deciding whether to continue my employment; Doing periodic rescreening of current employees; and/or Making any other employment decisions affecting me.

Background Screening Requirements / Release of Information Authorization Form

By signing this Disclosure and Authorization, I hereby authorize the home health agency to obtain consumer reports or investigative consumer reports about me. I understand and acknowledge that this Disclosure and Authorization allows The home health agency, or any other company authorized by The home health agency, to contact any and all corporations, companies, entities, or organizations, including, but not limited to, my current and former employers, consumer reporting agencies, professional licensing bodies or agencies, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts and agencies, including tax agencies, motor vehicle agencies, and military services, and I authorize any and all persons and entities contacted to release information about my background, including, but not limited to, information about my employment, education, consumer credit history, professional license history, driving record, criminal record, and general public records' history.

If I am hired, this Disclosure and Authorization shall remain in effect for the length of my employment. I agree that a fax, photocopy or electronic copy of this Disclosure and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the Report and a written description of my rights under the Fair Credit Reporting Act.

I represent to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

DOB: _____ Country of Birth: _____

Social Security No.: _____ Driver License No.: _____

Issue State: _____

Current Home Address: _____

City, State, Zip: _____

How long at this address: _____ Years _____ Months: _____

Applicant Name: _____

Signature: _____ Date: _____