

Application for Employment



Hospice in the Pines
1504 West Frank
Lufkin, TX 75904
936-632-1514

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work?..... Yes No
If yes, work number and best time to call:
() _____ : _____
AM PM

If you are under 18 and it is required,
can you furnish a work permit? Yes No
If no, please explain _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No
If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment
in this country?..... Yes No

Date available for work..... ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

If they have been explained to you,
are you able to meet the attendance
requirements of the position?..... N/A Yes No

Will you work overtime if required?..... Yes No
If no, please explain _____

Are you able to perform the essential functions of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability.
Please do not provide information about the existence of a disability, particular
accommodation, or whether accommodation is necessary. These issues may be
addressed at a later stage to the extent permitted by law.

- Yes
 No
 Need more information about the job's "essential
functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to
employment. Factors such as date of the offense, seriousness and nature of the
violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,
or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

| | | |
|--|--|--|
| Employer | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address | City State | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ |
| Why did you leave? | | Compensation (Final) |
| | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| | | Commission/Bonus/Other Compensation \$ |

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

| | | |
|--|--|--|
| Employer | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address | City State | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
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| Why did you leave? | | Compensation (Final) |
| | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| | | Commission/Bonus/Other Compensation \$ |

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

| | | |
|--|--|--|
| Employer | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address | City State | Compensation (Starting) |
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| | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| | | Commission/Bonus/Other Compensation \$ |

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

| | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> Presentation _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> E-mail _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

| School (include City & State) | Years Completed | Completed | GPA Class Rank | Major/Minor |
|-------------------------------|-----------------|--|----------------|-------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

| Name | Title | Relationship to You | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
| | | | () | |
| | | | () | |
| | | | () | |

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

| Organization | Office Field |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

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

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

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

I understand that this application remains current for only 30 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 for me to reapply 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 with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

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 (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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 Application for Employment (ADA Version) #A0821



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1504 West Frank
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CRIMINAL HISTORY CHECK AFFIDAVIT

I acknowledge that I have been informed that a criminal conviction history check is required by and will be made by Hospice in the Pines, Inc. through the Texas Department of Health before an offer of permanent employment may be extended to me. I attest that no conviction has been made against me, as noted on the attached page, which would bar my employment with Hospice in the Pines, Inc.

Applicant/Employee Signature

Date

Date of birth

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

| | |
|--|---------------|
| Please: | |
| Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES ____ NO ____ | _____ initial |
| Purpose of CCH: _____ | |
| Empl ____ Vol/Contractor ____ | _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement - Source _____ Other _____

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multiracial (having parents of different races)

THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ____/____/____



Statement of Employability

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

By execution of this document, I acknowledge that I have been informed by DSSW that a criminal history check will be performed on my name. In addition, the agency will verify criminal history and EMR/NAR twice a year. 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:

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 below:

- | | |
|---|---|
| <ul style="list-style-type: none"> (1) Chapter 19, Penal Code (criminal homicide) (2) Chapter 20, Penal Code (kidnapping & unlawful restraint); (3) Section 21.11, Penal Code (indecent with a child); (4) Section 22.014, Penal Code (sexual assault); (5) Section 22.02, Penal Code (aggravated assault); (6) Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual); (7) Section 22.041, Penal Code (abandoning or endangering child); (8) Section 22.08, Penal Code (aiding suicide); (9) Section 25.031, Penal Code (agreement to abduct from custody); (10) Section 25.08, Penal Code (sale or purchase of a child); (11) Section 28.02, Penal Code (arson); (12) Section 29.02, Penal Code (robbery); (24) 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: | <ul style="list-style-type: none"> (13) Section 29.03, Penal Code (aggravated robbery); (14) Section 21.08, Penal Code (indecent exposure); (15) Section 21.12, Penal Code (improper relationship between educator and student); (16) Section 21.15, Penal Code (improper photography or visual recording); (17) Section 22.05, Penal Code (deadly conduct); (18) Section 22.021, Penal Code (aggravated sexual assault); (19) Section 22.07, Penal Code (terroristic threat); (20) Section 33.021, Penal Code (online solicitation of a minor); (21) Section 34.02, Penal Code (money laundering); (22) Section 35A.02, Penal Code (Medicaid fraud); (23) Section 42.09, Penal Code (cruelty to animals); |
|---|---|

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:

- (1) Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- (2) Section 30.02, Penal Code (burglary);
- (3) Chapter 31, Penal Code (theft), that is punishable as a felony;
- (4) 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;
- (5) Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- (6) Section 37.12, Penal Code (false identification as peace officer); or
- (7) Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).

For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5 (c), Article 42.12, 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. Also, if I am found to have been reported to the Employee Misconduct Registry, that this offense may also bar my employment.

I understand that all information obtained by this agency regarding any criminal history and employee misconduct will remain confidential. I have the right to contact the DPS to request an opportunity to be heard concerning the accuracy of the criminal history record information that was conducted by the agency.

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 _____ Printed Name _____ Date _____

I certify: I have verified the Employee Misconduct and Nurse Aide Registry by calling DADS' toll free number 1-800-452-3934 to determine if the above named individual is listed in either registry as unemployable due to a finding of abuse, neglect, exploitation, misappropriation of a resident consumer's property of misconduct.

- The above named individual is not currently listed with EMR or NAR and is employable
- The above named individual is listed in the EMR/NAR and is not employable.

EMR/NAR verified on _____ Date _____ Verified by _____

