

# Employment Application



Signature Health Services is an Equal Opportunity Employer. Signature Health Services seeks, in all of its operations, to employ individuals for available positions on the basis of their qualifications, working knowledge, and competency. Signature Health Services has a continuing commitment to ensure that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability, or veteran status.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Referred By		
Position Applied for			
Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/>			
Salary Requirements			
Are you at least 18 Years of Age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction within the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give date and nature of each conviction:			
If not a US Citizen do you have legal authorization to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever applied for employment with this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Do you speak any languages other than English? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, what language(s)?			
Do you have means to get to work on time when called on short notice during working hours? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**PROFESSIONAL LICENSES / CERTIFICATIONS**


**OTHER APPLICABLE SKILLS / EXPERIENCES / STRENGTHS**


**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been terminated or asked to resign from any job? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, how many times? ____			
Has your employment ever been terminated by mutual agreement? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, how many times? ____			
Have you ever been given the choice to resign rather than be terminated? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, how many times? ____			
If you answered Yes to any of the above three questions, please explain the circumstances of <u>each</u> occasion:			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

## DISCLAIMER AND SIGNATURE

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 Agency 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 a 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 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 Agency Administrator.
- I understand that the Agency will perform a criminal history check, OIG exclusion list check, and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person with direct patient contact, 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 residence 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) department and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there is 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, employable.

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.

**Signature**

**Date**



## Required Credentials

**To: Nursing Staff**  
**From: Management**

All the following credentials must be documented in each employee's file. It is the employee's responsibility to provide current documentation as soon as possible to the Human Resources Department.

- Copy of Current Auto Insurance
- Current Driver's License
- Current Applicable Licenses and Certifications
- CPR Card

# Reference Request



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

Method of gathering reference data: Verbal ☐ Mail ☐

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

Thank you in advance. \_\_\_\_\_  
(Name of Company Representative)

## Applicant Release

Applicant: \_\_\_\_\_  
Last First MI Maiden Name

Position Held: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

I hereby release from all liability the company or persons completing this form, and authorize them to release all information regarding any 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 employment period. From: \_\_\_\_\_ To: \_\_\_\_\_

2. Please rate and make additional comments on applicant's attributes.  
Scale: 4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work \_\_\_\_\_

Knowledge and Skills \_\_\_\_\_

Reliability and Attendance \_\_\_\_\_

Cooperation \_\_\_\_\_

Competence \_\_\_\_\_

Supervisory Ability and Capacity \_\_\_\_\_

3. Please indicate any specialties or special considerations pertaining to the applicant.

\_\_\_\_\_

4. Is the applicant eligible for re-hire? YES ☐ NO ☐

If no, please explain. \_\_\_\_\_

5. Please attach any additional comments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

## 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 Texas 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, prior to being hired and monthly thereafter, the HHS - OIG Excluded Individuals/Entities Search Database and SAM Exclusion List. 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 26 TAC Chapter 561, §561.3 and Texas H&SC Chapter 253.

### Criminal History Check

I have informed the 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 patient/client contact until results are returned. I will be notified of results.

I acknowledge that if I am found to have been convicted of any offense(s) barring employment, that these offenses may bar my employment. I understand that all information obtained by the 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.

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

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

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

**For Agency Use Only:** Criminal history, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and OIG Exclusion Lists checks completed, as applicable. Attach state-specific background check policy regarding convictions barring employment.

- ☐ Criminal history check completed online <https://www.dps.texas.gov/section/crime-records>
- ☐ Other convictions identified on criminal history. (Document reason hiring in comments below.)
- ☐ NAR and EMR checked online via Employability Status Check Search at <https://emr.dads.state.tx.us/DadsEMRWeb/>
- ☐ OIG LEIE checked at <https://oig.hhs.texas.gov/exclusions> and <https://exclusions.oig.hhs.gov/>
- ☐ GSA/SAM <https://sam.gov/content/home>
- ☐ Applicant employable
- ☐ Applicant NOT employable

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**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.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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

SIGNATURE HEALTH SERVICES  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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