

**Employment Application**

**An Equal Opportunity Employer**

Position Applied For \_\_\_\_\_ Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Home \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_ Other \_\_\_\_\_

Email: \_\_\_\_\_ Best time to call \_\_\_\_\_

**Availability for Work:**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Days							
Eves							
Nights							
Live-in							

**Transportation:**

Most positions require travel to and from client locations. Which mode of transportation do you have access to:

Private Auto: \_\_\_ Public Transportation \_\_\_ Other (explain) \_\_\_\_\_

**Education (Most recent first)**

School	Number of years	Year Graduated	Degrees & Major Fields of Study

**List other Education, Training, Special Skills or Certificates that you possess (CNA CPR, ect.)**

**Physical Fitness: List any injuries or conditions that prevented you from working in Home Health**

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**Employment History**

Applicant Name: _____ SSN: _____ I authorize the release of my employment information to Life Made Easy: _____ Signature: _____	
<b>Employer 1</b> Company Name: _____  Position Held: _____  Start Date: _____ End Date: _____  Reason for Leaving: _____  Phone Number: _____ Fax Number: _____  Address: _____  City/State/Zip _____	<b>Employer 2</b> Company Name: _____  Position Held: _____  Start Date: _____ End Date: _____  Reason for Leaving: _____  Phone Number: _____ Fax Number: _____  Address: _____  City/State/Zip _____

**To be completed by Employer:**

The applicant listed above has given your name/company as an employment reference. Please take the time to verify his/her job position and employment dates. Comments may also be included.

Please Check One       Employer 1       Employer 2

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**Criminal Background Checks**

A person in direct contact with a consumer of service must have a criminal history conviction check initiated within 72 hours of employment. This is required for unlicensed employees only.

Please indicate by a check mark if you have EVER been convicted of any of the following offenses; these may interfere with you working directly with clients.

- Criminal homicide (Chapter 19, Penal Code)
- Kidnapping and false imprisonment (Chapter 20, Penal Code)
- Indecent exposure (Section 21.08, Penal Code)
- Indecency with a child (Section 21.11, Penal Code)
- Improper relationship between educator and student (Section 21.12, Penal Code)
- Improper photography or visual recording (Section 21.15, Penal Code)
- Assault, Class A misdemeanor or as a felony; (Section 22.01, Penal Code)
- Sexual assault (Section 22.011, Penal Code)
- Aggravated assault (Section 22.02, Penal Code)
- Terroristic threat (Section 22.07, Penal Code)
- Deadly conduct (Section 22.05, Penal Code)
- Abandoning or endangering a child (Section 22.041, Penal Code)
- Injury to a child, elderly individual, or disabled individual (Section 22.04, Penal Code)
- Aiding suicide (Section 22.08, Penal Code)
- Agreement to abduct from custody (Section 25.031, Penal Code)
- Sale or purchase of a child (Section 25.08, Penal Code)
- Arson (Section 28.02, Penal Code)
- Robbery (Section 29.02, Penal Code)
- Aggravated robbery (Section 29.03, Penal Code)
- Felony Theft (Chapter 31 Penal Code)
- Burglary (Section 30.02, Penal Code)
- Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or a felony (Section 32.45, Penal Code)
- Securing execution of a document by deception, Class A misdemeanor or a felony (Section 32.46, Penal Code)
- Online solicitation of a minor (Section 33.021, Penal Code)
- Money laundering (Section 34.02, Penal Code)
- Medicaid fraud (Section 35A.02, Penal Code)
- False identification as peace officer (Section 37.12, Penal Code)
- Disorderly conduct (Section 42.01 (a) (7) (8) or (9), Penal Code)
- Cruelty to animals (Section 42.09, Penal Code)

If not just complete the bottom with your initials and date of birth.

Initials \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

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### PLEASE READ CAREFULLY BEFORE SIGNING

I will respect the confidentiality regarding information that I receive either about Life Made Easy Home Health or client information. I understand that not sticking to the confidential policies of the company will be reason for termination of employment.

I will respect all employees and clients of Life Made Easy Home Health.

I will report accurately and in a timely fashion the time that I have worked.

I will provide accurate documentation regarding my work with clients.

I will be responsible for all equipment, given to me by the Company that I will use as an employee of Life Made Easy Home Health. I will return all equipment at the request of the Company, or when the equipment is no longer required in the service to the Company.

I understand the importance of the communication between the client(s) and the administrative office. I will always refer to the administrative office any client concerns, schedule changes, and any other information relevant to the care of the client.

I hereby declare that the information provided by me in this application for employment is true, correct, and complete. In making this application for employment, I understand and agree that any misrepresentations made by me in this application will be sufficient cause to revoke any offer of employment or grounds for immediate discharge. I authorize that my employers and business associates may verify all information, schools I have attended, and any other person whom I have listed on your application. These people may furnish to Life Made Easy Home Health any information concerning my character, ability, general reputation, and/or history of my employment. I release each person of any liabilities which may be incurred by furnishing such information. If I am hired, I agree to conform to the rules and regulations of Life Made Easy Home Health and that my employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either Life Made Easy Home Health or myself.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_