PROFESSIONAL / PERSONAL REFERENCES (MUST COMPLETE)

Persons who can furnish information about job performance or personal information about you

1. Name: _____Telephone:_____Fax: _____
   Address: _____
2. Name: _____Telephone:_____Fax: _____
   Address: _____
3. Name: _____Telephone:_____Fax: _____
   Address: _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes _____No_____
Conviction will not necessarily disqualify an applicant from employment.
If yes, describe in full: _____

_____

_____

_____

Are you capable of performing the job set forth in the job description? Yes____No____
If you answered No, which job requirement can you not meet? _____

_____

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualifications acquired from employment or other experience**.**

_____

_____

_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I, _____authorize complete investigation of all statements contained herein and hereby give my full permission for Willow Home Care to contact and fully discuss my background and history with all persons and entities listed above to give Willow Home Care all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to Willow Home Care.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time shall inquire as to whether or not applications are being accepted at that time.

SIGNATURE_____

DATE: _____

EMPLOYMENT VERIFICATION

To Whom It May Concern:

The applicant named below has applied for employment with our agency. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name**:** _____Date of Application**:**_____

Previous Employer: _____Contact Person: _____

Address: _____Phone: ( ) _____

_____Fax: ( ) _____

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: _____Date: _____

To be completed by previous employer:

Date of employment: From: _____To: _____Position Held: _____

Would you rehire this individual? Yes ___ No _____

Responsibilities:

_____

_____

Reason for Leaving:

_____

Rate of Pay: (weekly/biweekly/salary):

_____

Additional comments (training/skills)

_____

Reference Check Performed By: _____

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_____

_____

Reason for Leaving:

_____

Rate of Pay: (weekly/biweekly/salary):

_____

Additional comments (training/skills)

_____

Reference Check Performed By:

Employee Emergency Contact Information

In case of emergency, please contact:

Name:

_____

Address:

_____

Home Phone: _____Cell Phone: _____

Relationship: _____

In case of emergency, please contact:

Name:

_____

Address:

_____

Home Phone: _____Cell Phone: _____

Relationship: _____

In case of emergency, please contact:

Name:

_____

Address:

_____

Home Phone: _____Cell Phone: _____

Relationship: _____

*****Please notify Willow Home Care immediately if any of the emergency contact information changes. *****

TEXAS CRIMINAL HISTORY STATEMENT
I hereby profess that I have not been convicted of any following crimes which are a permanent automatic bar to employment by Willow Home Care.
•An offense under Section 19, Penal Code (criminal homicide);
•An offense under Section 20, Penal Code (kidnapping and false imprisonment);
•An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
•An offense under Section 21.08, Penal Code (indecent exposure);
•An offense under Section 21.11, Penal Code (indecency 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 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 (terroristic 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); and health care fraud
•An offense under Section 42.09, Penal Code (cruelty to animals); or
•A conviction under the laws of another state, federal law, of the Uniform Code of Military Justice for an offense containing elements that are substantially like the elements of an offense listed by this subsection.
I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years (applicable only to those hired on or after September 1, 2007 unless otherwise noted):
•An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003];
•An offense under Section 30.02, Penal Code (burglary) [which occurred within the previous five years];
•An offense under Section 31, Penal Code (theft punishable as a felony) [which occurred in the previous five years];
•An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution punishable as a Class A Misdemeanor or felony which occurred in the previous five years)
•An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A Misdemeanor or felony) [which occurred in the previous five years]
• An offense under Section **§33.021** — Online solicitation of a minor
• An offense under Section **§34.02** — Money laundering
An offense under Section **35A.02** — Medicaid fraud
• An offense under Section **§36.06** — Obstruction or Retaliation
•An offense under Section 37.12, Penal Code (false identification as peace officer); A conviction which occurred in the previous five years
•An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years
An offense under Section §42.09 — Cruelty to animals

An offense under Section §42.092 — Cruelty to nonlivestock animals
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 like the elements of an offense listed above.
Additional to Bars to Employment Bars pursuant to Texas Administrative Code, Title 40, Part 1, Chapter 3, §3.201 Texas Health and Safety Penal Code
An offense under Section **15.01** — Criminal Attempt of any offense listed as a bar
An offense under Section §43.03 — Promotion of Prostitution
An offense under Section §43.04 — Aggravated Promotion of Prostitution
An offense under Section §43.05 — Compelling Prostitution
An offense under Section §43.25 — Sexual Performance by a Child
An offense under Section §43.26 — Possession or Promotion of Child Pornography
I understand that it is required by law that HHCH check the Employee Misconduct Registry and, if appropriate, the Texas Nurse Aide Registry using my Social Security Number. And I further understand that any applicant listed on the Employee Misconduct Registry is unemployable at Willow Home Care.

I understand that if I have been placed on deferred adjudication community supervision for an offense listed above, successfully completed the period of deferred adjudication community supervision, and received a dismissal and discharge according to Section 5(c), Article 42.12, Code of Criminal Procedure, I am not considered convicted of the offense.
I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment.
I understand that all information obtained by Willow Home Care regarding my 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.
Signature of Applicant
Date of Birth (mm/dd/yyyy)
Social Security Number
Printed Name
Date

OIG/LEIE BACKGROUND CHECKS

POLICY

Willow Home Care will comply with licensure requirements regarding criminal history record checks, the HHSC employee misconduct registry and the HHSC nurse aide registry for employees, subcontractors, and volunteers.

PROCEDURE

1. Inform the individual who applies for employment that Willow Home Care is required to conduct a background check which includes a search of the NAR and EMR.

2. Review the LEIE maintained by the United States Department of Health and Human Services, Office of Inspector General, and the LEIE maintained by the HHSC Office of Inspector General:
    a. before hiring an applicant for employment or contracting with a potential subcontractor; and
    b. at least monthly, for each employee and subcontractor.

3. Not employ an applicant for employment or contract with a potential subcontractor to perform any duties that may be paid for directly or indirectly through a contract if the applicant or potential subcontractor is listed on either LEIE described in TAC 49.304 (f) in paragraph (1) of this subsection;

4. Prohibit an employee or subcontractor listed on either LEIE described in TAC 49.304 (f) paragraph (1) of this subsection from performing any duties that may be paid for directly or indirectly through a contract; and

5. if an employee or subcontractor is listed on either LEIE described in TAC

    49.304 (f) paragraph (1) of this subsection, immediately report to the HHSC Office of Inspector General, in accordance with the self-reporting protocol of the HHSC Office of Inspector General:

    a. the identity of an excluded employee or subcontractor; and

    b. the amount paid by the contractor to the employee or subcontractor for services provided under a contract.

6. Before an unlicensed volunteer's first face-to-face contact with a client, Willow Home Care will conduct a search of the NAR and the EMR using the **DADS Internet website** to determine if an unlicensed applicant is listed in either registry as unemployable. Submit names of the person via the internet computer system to the NAR and EMR. Willow Home Care will not employ an unlicensed applicant who is listed as unemployable in either registry.

7. In addition to the initial verification of employability, Willow Home Care will search the NAR and the EMR to determine if the employee is listed as unemployable in either registry as follows:

    a. for an employee most recently hired before September 1, 2009, by August 31, 2011, and at least every twelve months thereafter; and

    b. for an employee most recently hired on or after September 1, 2009, at least every 12 months.

8. Willow Home Care will immediately discharge an unlicensed employee whose duties would or do include face-to-face contact with a client when Willow Home Care becomes aware that the employee is designated in the NAR or the EMR as unemployable.

9. A printed copy of the results of the initial nurse aide registry (NAR) and employee misconduct registry (EMR) obtained from the DADS will be placed on the employee personnel file. The yearly check will be noted on an agency spreadsheet.

Signature:_____ Date:_____