

APPLICATION FOR EMPLOYMENT

Education

School Name _____ Location of School _____ Course of Study _____ Degree/Diploma _____

College:

Vo-Tech or Trade:

High School:

Other:

Employment:

List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Employment: From _____ To _____ Starting Pay: _____

Job Title and Describe your work: _____

_____ Reason For Leaving: _____

2. Company Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Employment: From _____ To _____ Starting Pay: _____

Job Title and Describe your work: _____

_____ Reason For Leaving: _____

3. Company Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Employment: From _____ To _____ Starting Pay: _____

Job Title and Describe your work: _____

_____ Reason For Leaving: _____

APPLICATION FOR EMPLOYMENT

Was your last name different from your present name during the above listed jobs?
Yes ___ No ___

If Yes, what was your name? _____

Are you currently employed? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

Professional References

Persons who can furnish information about job performance

1. Name: _____ Telephone: _____
Address: _____

2. Name: _____ Telephone: _____
Address: _____

3. Name: _____ Telephone: _____
Address: _____

General

Have you ever been convicted of a crime in the past 5 years, barring employment in 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? _____

ARAMINGO ADULT DAY CARE

APPLICANT REFERENCE CHECK (1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. 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: () _____

I hereby authorize the following information to be released. 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: _____

Responsibilities: _____

Reason for Leaving: _____

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

Additional comments (training/skills) _____

Reference check performed by _____

ARAMINGO ADULT DAY CARE

APPLICANT REFERENCE CHECK (2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. 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: () _____

I hereby authorize the following information to be released. 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: _____

Responsibilities: _____

Reason for Leaving: _____

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

Additional comments (training/skills) _____

Reference check performed by _____

ARAMINGO ADULT DAY CARE

**CRIMINAL HISTORY CHECK, EMPLOYEE MISCONDUCT REGISTRY
NURSE AIDE REGISTRY NOTIFICATION AND STATEMENT OF EMPLOYABILITY**

By execution of this document, I acknowledge that I have been informed by the Center that a criminal history check will be performed on my name. I have informed that Center of all names (for example, 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 pending the results of the criminal history check. I also understand that if I have been convicted of the following offenses, that I may not be employed by this Agency. I also understand that the Center will search the Employee Misconduct Registry and the Nurse Aide Registry (if applicable) to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on either registry. If my name is designated on either registry I understand the Center must deny me employment.

Offenses which constitute a bar to employment and for which an administrative review is not available, are offenses under:

Chapter 19, Penal Code	(Criminal homicide)
Chapter 20, Penal Code	(Kidnapping and unlawful restraint)
Chapter 21.11, Penal Code	(Indecency with a child)
Chapter 22.02, Penal Code	(aggravated assault)
Chapter 22.04, Penal Code	(injury to a child, elderly individual, or disabled individual)
Chapter 22.041, Penal Code	(abandoning or endangering a child)
Chapter 25.031 Penal Code	(Agreement to abduct from custody)
Chapter 25.06, Penal Code	(Solicitation of a child)
Chapter 25.11, Penal Code	(Sale or purchase of a child)
Chapter 28.08, Penal Code	(Arson)
Chapter 29.02, Penal Code	(Robbery)
Chapter 29.30, Penal Code	(Aggravated robbery)or

A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice of an offense containing elements that are substantially similar to the elements of an offense listed under the above Subdivision.

A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable by a felony 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 of the conviction. (This requirement only applies to those employees first employed by the facility or Agency on or after September 1, 2003).

A person convicted of an offense under section 22.01, Penal Code (assault),that is punishable as a Class A misdemeanor or as a felony;

An offense under section 30.02, Penal Code burglary).

An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony; or an offense under section 32.45 Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor of a felony.

I understand that all information obtained by this Center regarding any criminal history will remain confidential. By signing this form, I certify that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Applicant Signature

Printed Name

Date

ARAMINGO ADULT DAY CARE

INTERVIEW REVIEW

Applicant Name: _____ Date _____

Days and Hours available M Tu W Th F Sa Su

Review:

Personality:	friendly	average	quiet
Verbal skills:	excellent	average	poor
Communicates:	clear	somewhat clear	not very clear
Flexibility:	very flexible	somewhat	not flexible
Skill level:	higher skilled	moderately skilled	lower skilled
Appearance:	professional	semi-professional	not professional
Good Candidate for employment:	yes	no	

Overall Interview: _____

Interviewer

Date