

# MCC Application for Employment

**It is this facilities policy to provide equal employment opportunities without regard to race, color, religion, sex, nationality, age, or disability.**

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Are you at least 18 Years Old?  Yes  No

Position Applying For:  Full Time  Part Time Per Visit Shift:  Day  Night  
 Part Time  Pool  Evening  W

Salary Requirements: \_\_\_\_\_ Date Available \_\_\_\_\_ If you are not a US Citizen, have you the legal right to remain permanently in the US?  Yes  No

Do you have any means of transportation to get to work on time each day and when called in on short notice during normal working hours?  Yes  No

Have you been convicted of a crime (excluding misdemeanor and traffic offenses) and/or released from confinement following a conviction for any criminal offence within the past 7 years?  Yes  No If Yes, please give date and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation?  Yes  No If Yes, give date and nature of each such conviction.

### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licences that you might possess. Indicate type of license, number and state.

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed etc.,

In case of emergency notify:

NAME \_\_\_\_\_

**Work History**

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient

Company Name	Complete Address incl. City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary	Reason for leaving	OK to contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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Company Name	Complete Address incl. City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary	Reason for leaving	OK to contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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Company Name	Complete Address incl. City/State/Zip	Phone Number	Supervisor's Name
Date Started Date Left	Type of Business <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit Salary	Reason for leaving	OK to contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe your job title, responsibilities and accomplishments

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NAME: \_\_\_\_\_

PERSONAL REFERENCES: (Name, Phone, Relationship) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please review and sign

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 be found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliated 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 characteristic, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no defined term and that either I, or the facility 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 Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check as per State Regulations.

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.

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

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

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired: Salary:	Position: FT/PT/Per Visit	Start Date:
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## 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 and search the Nurse Aide Registry and the Employee Misconduct Registry to determine if I have criminal conviction or have committed certain conduct that will bar me from employment with this Agency.

### 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 patient contact until results are returned.

### CONVICTIONS BARRING EMPLOYMENT.

- (A) 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 in this subsection:
- An offense under Chapter 19, Penal Code (criminal homicide);
  - An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
  - 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 (indecent 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 a 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);
  - An offense under Section 42.09, Penal Code (cruelty to animals); or
  - 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.
  - An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.
- (B) A person may also be barred from employment the duties of which involve direct contract with a client in a facility if convicted of any of the following crimes within the past 5 years:
- An offense under Section 22.01, Penal Code (assault punishable as Class A misdemeanor or as a felony);
  - An offense under Section 30.02, Penal Code (burglary);
  - An offense under Chapter 31, Penal Code (theft that is punishable as a felony);
  - 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 a felony; or
  - An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony);
  - An offense under Section 37.12, Penal Code (false identification as a peace officer); or
  - An offense under Section 42.01, (a) (7), (8) or (9), Penal Code (disorderly conduct).
- (C) In addition to the prohibitions prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
- Of an offense under Section 30.02, Penal Code (burglary); or
  - 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 under Section 30.02, Penal Code.
- (D) In addition to the prohibitions on employment prescribed by Subsections (A), (B) and (C), a nurse aide listed as unemployable per amendment of TAC 40, §94.10(1) and §94.11 (c) (d) and is listed on the NAR or EMR stating a finding of abuse, neglect or misappropriation will not be recertified therefore, is unemployable.
- (E) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal or 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 communication 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. I understand that all information obtained by this agency regarding any criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentations and that the information given is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Agency Use Only: Criminal History, Employee Misconduct Registry (EMR), and Nurse Aide Registry (NAR) checks completed:**

- Criminal History Check completed on-line  
 EMR checked by telephone. (800-452-3934)       NAR checked by telephone (800-452-3934)  
 Applicant employable       Applicant not employable

\_\_\_\_\_  
Verified By  
HCL/Background Check Rvd. 090109

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## Applicant Reference

**Name of Referee:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name of the Applicant:** \_\_\_\_\_

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment/ reference with them. I understand that this information may be released to clients of the requesting company and other requesting parties on a need to know basis. I also release the requesting company from all liability from any damages from this disclosure of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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1. Has the applicant worked for you?       Yes       No

2. Please comment on the applicant's attributes using the following:

Reliability:       Yes       No

Able to work for people with disabilities       Yes       No

Able to work with aged people       Yes       No

3. Is this applicant eligible for rehire?       Yes       No       Not Applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Employment Eligibility Verification

Please read the instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which documents(s) they will accept from the employee. The refusal to hire an individual because of future expiring date may also constitute illegal discrimination.

<b>Section 1: Employee Information and Verification.</b> To be completed and signed by employee at the time employment begins.			
Print Name:	Last	First	Middle Initial
			Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following)	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___ / ___ / ___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)
<b>Preparer and/or Translator Certification.</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under the penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Preparer's/Translator's Signature		Print Name	
Address (Street Name and Number)			Date (month/date/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (If any): ___ / ___ / ___		___ / ___ / ___		___ / ___ / ___
Document #: _____		_____		_____
Expiration Date (If any): ___ / ___ / ___		_____		_____

**CERTIFICATION –** I attest, under penalty or perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and realize to the employee named, that the employee began employment on (month/day/year) \_\_\_ / \_\_\_ / \_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

<b>Section 3. Updating and Reverification.</b> To be completed and signed by employer.	
A. New Name (if applicable)	B. Date (month/day/year) (if applicable)
C. If employee's previous grant of work or authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date: (if any): ___ / ___ / ___	
I attest under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## EMPLOYEE ACKNOWLEDGEMENT

**Confidentiality:** Agency maintains confidentiality of operations, activities, and business affairs of the Agency and the clients according to 1996, Health Information Portability and Accountability Act (HIPAA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members. The health care professional safeguards the clients' right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as a basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, s/he must consult with his/her superior.

**Drug Testing Policy:** Agency maintains a drugfree workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Company paid time. Employees who have direct contact with clients may be subject to reasonable-suspicion testing when the Agency or its client has reason to believe that drug or alcohol problem exists or a violation of the policy has occurred. The Agency may perform random drug testing on any employee with 24 hour notice to the employee.

**Harassment Policy:** This agency is committed to providing a work environment, that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially, and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

**Non Solicitation/ Illegal Renumeration:** Agency does not reimburse or provide incentives to employees, physicians, durable equipment providers, family or other health professional for patient referrals for home health services. Employees found in violation of this policy will be subject to discipline up to termination of employment.

**Non- Discrimination:** Agency does not discriminate against clients or employees based on race, color, religion, age, sex, national origin, marital status, or disability.

**Abuse, Neglect and Exploitation:** Agency employees will report suspected abuse, neglect and/or exploitation to the state departments of both the Texas Department of Family and Protective Services, the Department of Aging and Disability Services, and Agency management. Agency employees suspected of abuse, neglect, or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

**Workers' Compensation:** Agency is a non-subscriber to workers' compensation insurance. An employee who incurs an injury on the job that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room. Notify the agency within 24 hours to complete paperwork.

**Progressive Discipline Policy:** Agency utilizes a progressive discipline process in cases of misconduct and unacceptable performance. This includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employee's past record and other circumstances.

Agency Policies: I acknowledge that I have read, understand, and will comply with applicable agency policies and guidelines.

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

Send completed application to [mike@mccdfw.com](mailto:mike@mccdfw.com)