

Application for Employment



An Equal Opportunity Employer

Applicant's Last name	First	MI	Birthdate	Date of application
Street address			Email address:	SS#
City	State	Zip	Home #	Cell #

Legend Home Health is an equal opportunity employer, and we do not and will not discriminate on the basis of race, color, religion, national origin, sex, gender preference, age, disability, marital or military status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose and will be kept confidential.

Provide all information requested.

Are you at least 18 yrs of age? Yes No

If you are not a legal U.S. Citizen, have you the legal right to remain permanently in the US? Yes No

Have you ever been convicted of any crime or felony?(exclude traffic violations) or release from confinement following a conviction for any criminal offense Yes No

If yes, please give date, place and nature of each such conviction. _____

Have you ever been arrested or terminated from any job for theft? Yes No

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

What make, year, and model car do you drive?	Is your car in good working condition?	DL # Exp. Date: State:
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Educational History

School name	Location (City, State)	Major course Or subject	Circle year last completed	Graduated Yes No	Degree
High school			9 10 11 12		
College (list all attended)			1 2 3 4		
College (list all attended)			1 2 3 4		
Other education/training			From: To:		

Professional/Work References

Name	Title/relationship	Address (Street, City, State, ZIP code)	Phone no.	Occupation

Lists any memberships in professional organizations, honors or activities which would enhance your application excluding groups that would indicate age, color, religion, military status, gender preference, sex, marital status national origin or disability.

List any spoken languages other than English:

List other skills or talents applicable to the position including computer experience, typing speed etc.

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Employment Record or Work History

Starting with present or most recent, list all previous employers, including self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company Type of business	Street address, City, State, Zip Code	Phone number	Supervisor's name
Date start and left	<input type="checkbox"/> FT Salary _____ <input type="checkbox"/> PT <input type="checkbox"/> PER VISIT	Reason for leaving	OK to contact supervisor <input type="checkbox"/> yes <input type="checkbox"/> no
Brief description of job duties, responsibilities and accomplishments: _____ _____ _____			
Last or present company Type of business	Street address, City, State, Zip Code	Phone number	Supervisor's name
Date start and left	<input type="checkbox"/> FT <input type="checkbox"/> PT Salary _____ <input type="checkbox"/> PER VISIT	Reason for leaving	OK to contact supervisor <input type="checkbox"/> yes <input type="checkbox"/> no
Brief description of job duties, responsibilities and accomplishments: _____ _____ _____			
Last or present company Type of business	Street address, City, State, Zip Code	Phone number	Supervisor's name
Date start and left	<input type="checkbox"/> FT <input type="checkbox"/> PT Salary _____ <input type="checkbox"/> PER VISIT	Reason for leaving	OK to contact supervisor <input type="checkbox"/> yes <input type="checkbox"/> no
Brief description of job duties, responsibilities and accomplishments: _____ _____ _____			
May we contact your present employer? YN	May we contact your references? YN	List professional license TYPE and number _____ State _____	

Post-offer, pre-placement and reasonable cause testing - I understand that Legend Home Health may conduct post-offer and pre-placement controlled substance testing for prospective new hires. Additionally, controlled substance testing is conducted for any Legend Home Health employee when there is a reasonable belief that the employee may be using prohibited drugs. This is based upon observable behavior indicative or probable use or upon the theft of prescription medications from a specific client. Also, any "on the job" employee injury may require immediate drug testing. Refusal to submit or if there is a time lapse greater than one hour between injury and drug testing, an automatic termination will result.

Signature _____ Date _____

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Position Applying for: _____ Work Schedule desired: F T P T Per Visit Wage
 or salary required _____ Shift: Day Night Evening W/E
 Date available: _____ Areas of town you are willing to work _____

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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 it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility 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 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 facility, my employment will be for no definite 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 face-to-face patient/client contact, that the agency will perform a criminal history check per State Regulations as well as 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 residents and consumers are denied employment in DADS-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 Department of Aging and Disability Services (DADS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's 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 DADS-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, **unemployable**.

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"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:	Position: Salary:	Start Date: FT/PT/Per Visit
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Pre-Employment Interview: