



Welcome to Grace Visiting Nurses and Home Healthcare Services. We are pleased you chose to apply for a position with our agency.

Applications for nurses, Home Health Aides and Care providers are accepted on a continual basis. Applications for clerical, technical and other professional positions are accepted only for open positions.

Please complete the attached application in its entirety and forward via mail, fax or personal delivery to:

Grace Visiting Nurses and Healthcare Services
111 Cash St/P.O. Drawer 1190.
Jacksonville, Tx 75766
Fax # 903-586-8462

While it is not possible to interview every applicant, each resume/application is personally reviewed and if selected for further consideration, you will be contacted for an interview.

For further information regarding our employment opportunities and the services we provide, please visit our website at www.gracehealth.com.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

P E R S O N A L	Last Name _____ First _____ Middle _____		Date _____
	Street Address _____		Home Telephone _____
	City, State, Zip _____	Best time to contact you at home is: _____ : _____ AM _____ : _____ PM	Business Telephone _____
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____		Cellular Phone _____
	Position Desired _____	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security # _____
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____		Pay Expected _____
	Are you legally eligible for employment in the United States?		Do you have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.		E-mail address: _____
	Will you work overtime If asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to begin work? _____	
	Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name, relationship and location _____	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
Other special training or skills (languages, machine operation, etc.) _____			
How did you learn about us? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> WorkForce <input type="checkbox"/> GVN Direct Mail Recruitment <input type="checkbox"/> Advertisement (Specify) _____ <input type="checkbox"/> Web Site (Specify) _____ <input type="checkbox"/> Employment Agency (Specify) _____ <input type="checkbox"/> Other: _____			

E D U C A T I O N	School	Name and Location of School	Courses of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal References

Personal Reference 1 Information

Name of Contact: _____

Relationship: _____ Phone: () _____

Address: _____

Street Address

*Apartment or
Suite #*

City

State

ZIP Code

Personal Reference 2 Information

Name of Contact: _____

Relationship: _____ Phone: () _____

Address: _____

Street Address

*Apartment or
Suite #*

City

State

ZIP Code

Personal Reference 3 Information

Name of Contact: _____

Relationship: _____ Phone: () _____

Address: _____

Street Address

*Apartment or
Suite #*

City

State

ZIP Code

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information or any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I will submit to a drug screen as well as TB tine test. I understand that employment is subject to verification of eligibility to work in the United States. Grace Visiting Nurses is required to check the employee Misconduct Registry and Nurse Aide registry before hiring any unlicensed professional who will have face to face patient contact. The registry check is performed to determine if the person is listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer. Persons who are listed in the registry are denied employment in DADS-regulated facilities and agencies such as Grace Visiting Nurses. Grace visiting Nurses may also check the Medicare Exclusion database to assure prospective employee has not been barred from participating in Federally-funded health care programs.

I agree to immediately notify Grace Visiting Nurses if I am convicted of, receive deferred adjudication in, or otherwise pleaded guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

STATEMENT OF EMPLOYABILITY CRIMINAL HISTORY CHECKS

By execution of this document, I acknowledge that I have been informed by Grace Visiting Nurses that a criminal history check, Employee Misconduct Registry check and Nurse Aide Registry check will be performed on my name. I have informed this agency of all names (i.e., 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 or interim pending the results of the criminal history check. I understand if I am listed in the employee misconduct registry or nurse aide registry or OIG, I will not be employed by GVN. Pursuant to Senate Bill 1245, House Bill 1481m, and subsequent changes, made of the Texas Health and Safety Code Chapter 250, home health agencies must obtain criminal history checks for their unlicensed personnel.

All unlicensed facility applicants for employment must have a criminal history check. Nurses aides and medication aides are not licensed and are therefore subject to criminal history check requirements, as are maintenance, housekeeping and dietary personnel.

Unlicensed agency applicants for employment, whose employment duties would or do involve direct contact with a consumer of the agency, must have a criminal history check.

Sec 250.006. Convictions Barring Employment. Any offense under:

1. Chapter 19, Penal Code (criminal homicide)
2. Chapter 20, Penal Code (kidnapping and unlawful restraint)
3. Section 21.11 Penal Code (indecent exposure)
4. Section 22.011, Penal Code (Sexual assault)
5. Section 22.02, Penal Code (aggravated assault)
6. Section 22.04 Penal Code (injury to a child, elderly individual, or disabled individual)
7. Section 22.041, Penal Code (abandoning or endangering a child)
8. Section 22.08, Penal Code (aiding suicide)
9. Section 25.031, Penal Code (agreement to abduct from custody)
10. Section 25.08, Penal code (sale or purchase of a child)
11. Section 28.02 Penal Code (arson)
12. Section 29.02 Penal Code (robbery)
13. Section 29.03, Penal Code (aggravated robbery)
14. Section 21.08, Penal code (indecent exposure)
15. Section 21.12,, Penal code (improper relationship between educator and student)
16. Section 21.15, Penal code (improper photography or visual recording)
17. Section 22.05, Penal code (deadly conduct)
18. Section 22.021 Penal code (aggravated sexual assault)
19. Section 22.07, Penal code (terroristic threat)
20. Section 33.021, Penal code (online solicitation of a minor)
21. Section 34.02, Penal code (money laundering)
22. Section 35A.02, Penal code (Medicaid fraud)
23. Section 42.09 Penal code (cruelty to animals)
24. 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.
25. An offense that the agency determines to be a contraindication to employment with the consumers the agency serves.

A person 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 the person is convicted of :

1. Section 22.01 Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony
2. Section 30.02 Penal code (burglary)
3. Chapter 31, Penal Code (theft) that is punishable as a felony
4. 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.
5. Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.
6. Section 37.12, Penal code (false identification as peace officer)
7. Section 42.01 (a) (7), (8), or (9), Penal code (disorderly conduct)

For purpose 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 and 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 community supervision.

If after my date of hire, Grace Visiting Nurses becomes aware of a subsequent finding or conviction, Grace Visiting Nurses will immediately terminate my employment (designated in EMR, NAR, OIG or a conviction listed above as barring employment).

I understand that any information obtained by this agency regarding the criminal history check will remain confidential.

I certify that I have not been convicted of any of these crimes, nor are there any pending charges against me. Other names/aliases I have used in the past are as follows:

The information is true and correct to the best of my knowledge.

Printed Name:

Signature:

Date:

Name of Applicant: _____

REFERENCE CHECKS	Employer	Person Contacted	Results
Comments/Signature			

TEST RESULTS	Test Name	# Questions	# Incorrect	Educate Re-test	Related Results	Related Comment
Reviewed by: _____						

INTERVIEW RESULTS	Candidate Evaluation:	Poor	Fair	Satisfactory	Good	Excellent	Strengths:
	Knowledge of specific Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weaknesses:
	Related job experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional comments:
	communication/listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Interest in company position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature: _____

VERIFICATIONS	Information Verified by:	TDHS - Employee Misconduct Registry - SSN _____ Listed Unlisted
	Agency Representative Signature _____	Eligible for Employment
	Date Verified: _____	TDHS - Nurse Aide Registry Yes No TXDPS - Criminal History Check Yes No
	Category _____ License # _____ Expiration Date _____	Copies made of:
	License is noted to be intact with no abnormalities or alterations	<input type="checkbox"/> Drivers License <input type="checkbox"/> Social Security Card <input type="checkbox"/> CPR Card <input type="checkbox"/> Auto Liability Insurance

The original of these documents was viewed and copied. There is no apparent evidence of tempering

<input type="checkbox"/> Offer of Position:	Date Offered: _____	Date Accepted: _____	Start Date: _____
<input type="checkbox"/> No Offer Made	<input type="checkbox"/> Keep resume/application on file		

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	