

HIGH PLAINS HEALTH PROVIDER'S APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____ DATE: ___/___/___

NAME: _____
Last
First
Middle

ADDRESS: _____
Street
City
State
Zip Code

TELEPHONE #: _____ SOCIAL SECURITY #: _____

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?YES NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?.....YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?.....YES NO
 (PROOF OF U.S. CITIZENSHIP OR I.N.S. STATUS IS REQUIRED)

DATE AVAILABLE FOR WORK.....___/___/___

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART TIME TEMPORARY

ARE YOU ABLE TO MEET ATTENDANCE REQUIREMENTS OF THE JOB?.....YES NO

HAVE YOU BEEN CHARGED WITH A MISDEMEANOR OR FELONY?.....YES NO

HAVE YOU EVER BEEN CHARGED WITH ABUSE OR NEGLIGENCE?.....YES NO
 (DOES NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT)

IF YES; PLEASE EXPLAIN:

MUST HAVE A CURRENT, VALID DRIVERS LICENSE TO BE CONSIDERED FOR EMPLOYMENT. DRIVING IS REQUIRED. DRIVER'S LICENSE #: _____ STATE: _____

EMPLOYMENT HISTORY

(LIST YOUR LAST THREE (3) EMPLOYERS, ASSIGNMENTS, OR VOLUNTARY ACTIVITIES (AT LEAST 5 YEARS), STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE)

FROM:	TO:	EMPLOYER	PHONE
JOB TITLE:		ADDRESS	
SUPERVISOR/TITLE		NATURE OF WORKS/JOB RESPONSIBILITIES	
HOURLY RATE/SALARY START FINISH		REASON FOR LEAVING	
FROM:	TO:	EMPLOYER	PHONE
JOB TITLE:		ADDRESS	
SUPERVISOR/TITLE		NATURE OF WORKS/JOB RESPONSIBILITIES	
HOURLY RATE/SALARY START FINISH		REASON FOR LEAVING	

FROM:	TO:	EMPLOYER	PHONE
JOB TITLE:		ADDRESS	
SUPERVISOR/TITLE		NATURE OF WORKS/JOB RESPONSIBILITIES	
HOURLY RATE/SALARY START FINISH		REASON FOR LEAVING	

SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY.

EDUCATIONAL BACKGROUND

SCHOOL NAME/LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		MAJOR DEGREE	
TRADE/TECHNICAL SCHOOL			

REFERENCES

NAME & ADDRESS	TELEPHONE #	YEARS KNOWN
	AREA CODE ()	
	AREA CODE ()	
	AREA CODE ()	

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED. (AND SAID SEPARATION WILL BE CONSIDERED MISCONDUCT)

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY.

HIGH PLAINS HEALTH PROVIDERS

Please answer the following questions:

1. Have you had any traffic citations ion the last three (3) years? Yes No

If yes, complete the following:

	When (month/year)	Where (State)	Type of Citation
1.			
2.			
3.			

2. Have you had any traffic accidents in the last three (3) years? Yes No

If yes, complete the following:

	When (month/year)	Where (State)	Citation Issued?
1.			
2.			
3.			

3. Have you ever been convicted of a crime? (Misdemeanour or Felony) Yes No

Have you ever been arrested? Yes No

Have you ever been charged? Yes No

If you answered "yes" to any of these questions, please explain: _____

4. Have you ever been accused of client abuse or neglect? Yes No

If "Yes: was the charge substantiated? Yes No

If "Yes". please explain: _____

5. In case of emergency, notify: _____

6. If you are currently employed, what are your workdays and hours? _____

7. Do you have any physical limitations which would hinder your ability to perform the position applied for?

Yes No

If "yes", please explain:

8. Do you have CPR Certification Yes _____ No _____

If yes, when does it expire? _____

**HIGH PLAINS HEALTH PROVIDERS, INC.
PRE-EMPLOYMENT SCREENING REQUIREMENTS**

In accordance with licensing regulations by the Texas Department of Mental Health and Mental Retardation in conjunctions with additional standards provided by the Health and Human Services Commission, High Plains Health Providers is required to screen employees prior to being hired with our agency. These standards regulate that we contact the the Employee Misconduct Registry, Nurses Aid Registry, State and Federal Inspector General's office for List of Excluded Individuals and Entities as well as conduct a criminal history check prior to making an offer of employment and if employed they will be checked on a monthly, quarterly and yearly basis as required by HHSC.

The Employee Misconduct Registry and Nurses Aid Registry is an information source offered through the Health and Human Services Commission that tracks confirmed allegations of Abuse, Neglect, and Exploitation of a resident or consumer of a facility. These registries also track misappropriations of resident funds and/or property. Should your name appear on the Employee Misconduct Registry or on the Nurses Aid Registry, you are barred from employment under the Licensing Standards for Intermediate Care Facilities serving persons with Mental Retardation or a Related Condition, Subchapter L 90.321.

Criminal history checks are completed through the Texas Department of Public Safety. Pursuant to the Texas Health and Safety Code, Chapter 250 and Chapter 90 of the Texas Administrative Code, the following convictions constitute an absolute barr from employment. Due to the new regulations by the Texas Health and Human Services Commission, ICF/ID providers are now required to not only check criminal histories upon offer of employment, but annually as well for each staff member employed.

SECTION 250.006: CONVICTIONS THAT ARE AUTOMATIC BARS TO EMPLOYMENT (revised 7-10-18)

1. Any offense under Chapter 19, Texas Penal Code (homicide). Includes murder, capital murder, manslaughter, and criminally negligent homicide.
2. Any offense under Chapter 20, Texas Penal Code. Includes kidnapping, aggravated kidnapping, and false imprisonment.
3. An offense under Section 21.11, Texas Penal Code (indecency with a child).
4. An offense under Section 22.011, Texas Penal Code (sexual assault).
5. An offense under Section 22.02, Texas Penal Code (aggravated assault).
6. An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
7. An offense under section 22.041, Texas Penal Code (abandoning or endangering a child).
8. An offense under section 22.08, Texas Penal Code (aiding suicide).
9. An offense under section 25.031, Texas Penal Code (agreement to abduct from custody).
10. An offense under section 25.08, Texas Penal Code (sale or purchase of a child).
11. An offense under section 28.02, Texas Penal Code (arson).
12. An offense under section 29.02, Texas Penal Code (robbery) and 29.03, (aggravated robbery).
13. An offense relating to the practice of a health-related profession without a license;
14. An offense relating to drugs, dangerous drugs, or controlled substances
15. An offense under Section 22.09, Tampering with consumer product;
16. An offense under Section 22.10, Leaving a child in a vehicle
17. An offense under Section 32.42, Deceptive business practices
18. An offense under Section 32.51, Fraudulent use or possession of identifying information
19. An offense under Section 35.02, Insurance fraud
20. An offense under Section 42.072, Stalking
21. An offense under Section 42.10, Dog fighting
22. An offense under Section 43.05, Compelling prostitution
23. An offense under Section 43.24, Sale, distribution, or display of harmful material to minor
24. An offense under Section 43.25, Sexual performance by a child
25. An offense under Section 43.251, Employment harmful to children
26. An offense under Section 43.26, Possession or promotion of child pornography
27. An offense under Section 46.06, Unlawful transfer of certain weapons
28. An offense under Section 46.13, Making a firearm accessible to a child
29. An offense under Section 48.02, Prohibition of the purchase and sale of human organs
30. An offense under Section 49.07, Intoxication assault

- 31. An offense under Section 49.08, Intoxication manslaughter
- 32. An offense under Section 71.022, Coercing, inducing, or soliciting membership in a criminal street gang.

THE FOLLOWING CONVICTIONS WOULD BARR EMPLOYMENT FOR THE FIRST 5 YEARS FOLLOWING THE CONVICTION:

- 1. An offense under Section 31, Texas Penal Code (Felony Theft)
- 2. An offense under Section 30.02, Texas Penal Code (Burglary)
- 3. An offense under Section 22.01, Texas Penal Code (Assault - Class A Misdemeanor or Felony)
- 4. An offense under Section 32.45, Texas Penal Code (Misapplication of fiduciary property or property of a financial institution - Class A Misdemeanor or Felony)
- 5. An offense under Section 32.46, Texas Penal Code (Securing execution of a document by deception - Class A Misdemeanor or Felony)
- 6. An offense under Section 37.12, Texas Penal Code (False Identification as a Peace Officer)
- 7. An offense under Section 42.01, Texas Penal Code (Disorderly conduct - relating to display or discharge of a firearm in a public place)
- 8. An offense under Section 21.08, Texas Penal Code (Indecent Exposure)
- 9. An offense under Section 21.12, Texas Penal Code (Improper relationship between educator and student)
- 10. An offense under Section 21.15, Texas Penal Code (Improper photography or visual recording)
- 11. An offense under Section 22.05, Texas Penal Code (Deadly Conduct)
- 12. An offense under Section 22.021, Texas Penal Code (Aggravated Sexual Assault)
- 13. An offense under Section 22.07, Texas Penal Code (Terroristic Threat)
- 14. An offense under Section 33.021, Texas Penal Code (Online solicitation of a minor)
- 15. An offense under Section 34.02, Texas Penal Code (Money Laundering)
- 16. An offense under Section 35A.02, Texas Penal Code (Medicaid Fraud)
- 17. An offense under Section 42.09, Texas Penal Code (Cruelty to Animals)
- 18. An offense under Section 30.03, Burglary of coin-operated or coin collection machines
- 19. An offense under Section 30.04, Burglary of vehicles
- 20. An offense under Section 31.03, Theft
- 21. An offense under Section 31.04, Theft of service
- 22. An offense under Section 32.21, Forgery
- 23. An offense under Section 32.31, Credit card or debit card abuse
- 24. An offense under Section 32.33, Hindering secured creditors
- 25. An offense under Section 32.48, Simulating legal process
- 26. An offense under Section 33.02, Breach of computer security
- 27. An offense under Section 42.061, Silent or abusive calls to 9-1-1 service
- 28. An offense under Section 42.07, Harassment
- 29. An offense under Section 42.091, Attack on assistance animal.

Have you ever been arrested or charged with any of these offenses?	Yes / No
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By signing this form, you are hereby giving High Plains Health Providers permission to check the above-mentioned sources to gather pertinent information about you. The above listed information will be checked prior to making an offer of employment only.

It has been, and will continue to be, the policy of High Plains Health Providers to be an equal opportunity employer. High Plains does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, or veteran status in recruitment, employment, promotion, compensation, benefits, or training. It is also High Plains' policy to maintain a work environment free from discrimination on the basis of sexual orientation. High Plains is committed to seeking the best qualified person to fill each available position.

Signature

Date

PRE-EMPLOYMENT SCREENING INFORMATION
(Applicant to complete top section)

Full Name (include middle name or initial) _____

Maiden Name (if applicable): _____

Date of Birth: _____

Social Security Number: _____

Office Use Only

The EMR and NAR are checked via internet with the Health and Human Services Commission.

Date EMR Checked: _____ Outcome: _____

Date NAR Checked: _____ Outcome: _____

Date Criminal History Checked: _____

Outcome of Criminal History Check: _____

Date List of Excluded Individuals/Entities Search Check – State _____

Outcome of Search LEIE – State _____

Date List of Excluded Individuals/Entities Search Check – Federal _____

Outcome of Search LEIE- Federal _____

Signature of Person completing checks

Date

**HIGH PLAINS HEALTH PROVIDERS
REFERENCE VERIFICATION CONSENT**

Date

I, _____, hereby consent to a representative from High Plains Health Providers to check my work references for the purposes of potential employment with their company.

I consent for _____ to release information about my work history to a representative of High Plains Health Providers.

I release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature

Date