



# Application for Employment

Cater-2-U Home Health Care Services, LLC

Dear Applicant:

Thank you for your interest in employment with Cater-2-U HHCS, LLC. Please read and acknowledge with your signature the "Applicant's Acknowledgement & Authorization" on page 3. This application will remain active for six (6) months following the application date.

Cater-2-U HHCS, LLC is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

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Date	Last Name	First Name	MI	Nickname / Alias
Street Address		City	State	Zip Code
Home Phone	Cell Phone#	Email Address	Social Security #	
Emergency Contact		Phone#		

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How were you referred to us? ☐ Internet ☐ College ☐ Paper ☐ Employee ☐ Walk-in ☐ Other

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## Educational History:

School Name	Location (City, State)	Major course or subject	Years Completed	Graduated	Degree Earned
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other education and/or training				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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## Driving History:

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Driver's License	State	Primary car: Make	Model	Year
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If yes, please explain (include dates):

Has your license ever been suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your license currently restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any traffic violations in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any car accidents in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a DUI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History:

Please complete this section starting with your present or most recent employer. If you need more space to add relevant jobs you may attach them on a separate piece of paper. This section **must** be filled out completely even if you have provided us with a resume.

Last or Present Employer:	Type of Business:	Job Title:	Base Salary:
Street Address:	City/State/Zip:	Employer's Phone#:	Description of Job Duties:
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone#	Dates Worked:
Reason For Leaving:			

Previous Employer:	Type of Business:	Job Title:	Base Salary:
Street Address:	City/State/Zip:	Employer's Phone#:	Description of Job Duties:
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone#	Dates Worked:
Reason For Leaving:			

Previous Employer:	Type of Business:	Job Title:	Base Salary:
Street Address:	City/State/Zip:	Employer's Phone#:	Description of Job Duties:
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone#	Dates Worked:
Reason For Leaving:			

## Professional/Work References:

Please list two (2) past supervisors and one (1) person who you are not related to, who would have knowledge of your qualifications.

Name	Title/Relationship	Address	Phone#	Occupation

## Military Experience:

Describe your duties and special training	Period of active duty	Date of discharge
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Have you ever plead guilty or no-contest to a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain (include dates):
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May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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May we contact your references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Desired Work Schedule:

<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Salary Desired	Date Available
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**Additional Space:** Please use this space if you ran out of room on any of the above questions. Also feel free to write any other special skills, abilities, certificates, hobbies, memberships, or other information you feel would be important for us to know when looking at your application for possible employment.

**Applicant's Acknowledgment & Authorization:**

**Substance Testing:** As a condition of employment, Cater-2-U HHCS, LLC employees are required to abide by this Drug Free Workplace / Substance Abuse Policy. As such, employees will be subject to controlled substance and alcohol screening and may be terminated if the test results are positive. Testing can be pre-hire, random, reasonable cause, or due to injury of self/others or property.

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

**Accuracy and Release of Information:** I attest that all information disclosed on this application is true and accurate without omissions of any kind. I also grant Cater-2-U HHCS, LLC the authority to verify any information related to my current and/or previous employment. I understand failure to meet these standards could impact my employment status, up to and including termination.

In addition to a Criminal History Check and in accordance with the regulations of the Texas Department of Human Services for Personal Care Service Agencies, Cater-2-U HHCS, LLC. will also check the **Employee Misconduct Registry, OIG and the Nurse Aid Registry** (1-800-452-3934). This will be done prior to employment, annually thereafter, and any other time deemed necessary.

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

**Employee Misconduct Registry I Nurse Aid Registry**

**Criminal History Check:**

☐ No record

**Social Security Number Verification:**

☐ Verified

**Employee Misconduct Registry:**

☐ No record

**OIG List of Excluded Individuals:**

☐ No record

**OIG Exclusions Check:**

☐ No record

☐ Record resolved

☐ Not Verifed

☐ Record (not to be hired)

☐ Record (not to be hired)

☐ Record (not to be hired)

☐ Not hireable

**Nurse Aide Registry:**

☐ No record

☐ CNA

CNA#:

Expiration:

**Date Completed:**

Month

Day

Year

Person Conducting Check

**office use only**

# Background Check Form

## *Criminal History Check*

### APPLICANT AUTHORIZATION/ACKNOWLEDGMENT (to be completed by **applicant**):

I, (print applicant's name) \_\_\_\_\_, give authorization for a check of my **criminal history** in the course of applying for a position as a Caregiver with Cater-2-U HHCS, LLC, I acknowledge that a conviction of a crime that prohibits a person from employment in a health care setting in the state of Texas applies to my application for this position. I also acknowledge that I may not be offered a position or provide service for payment before the criminal history check is completed and reviewed by the employer.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Alias	Maiden Name	Date of Birth (MM/DD/YY)
_____		
Social Security Number		

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

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

### **CRIMINAL HISTORY CHECK** (to be completed by **employer**):

The applicant will provide a current Criminal History Check from the Texas Department of Public Safety.  
As the potential employer, I will acquire a current Criminal History Check of the applicant from the Texas Department of Public Safety.

**Date Completed:**

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

\_\_\_\_\_  
Person Conducting Check

## DPS Computerized Criminal History (CCH) Verification

### (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(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 _____	NO _____	_____	initial
Purpose of CCH: _____			
Empl ____	Vol/Contractor ____	_____	initial
Date Printed: _____		_____	initial
Destroyed Date: _____		_____	initial
<b>Retain in your files</b>			

Rev. 09/2013

## STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Cater-2-U HHCS, LLC and agree that C2UHHCS, LLC may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with C2UHHCS, LLC. I understand that I am unemployable if listed in the NAR, EMR, and/or OIG per TAC §93.3 and TxH&SC Chapter 253.

### **Criminal History Check**

I have informed C2UHHCS, LLC 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, NAR/EMR, and OIG checks, that I may not have face-to-face patient contact until results are returned. I will be notified of results.

### **CONVICTIONS BARRING EMPLOYMENT**

(A) A person for whom C2UHHCS is entitled to obtain criminal history record information may not be employed with the organization 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 36.06, Penal Code (obstruction or retaliation);
- ❖ An offense under Section 42.09, Penal Code (cruelty to livestock animals);
- ❖ An offense under Section 42.092, Penal Code (cruelty to nonlivestock animals);
- ❖ 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.
- ❖ Any offense C2UHHCS determines to be contraindicated to employment with the consumers C2UHHCS serves.

(B) A person may also be barred from employment, the duties of which involve direct contact 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 a Class A misdemeanor or as a felony)
- ❖ An offense under Section 30.02, Penal Code (burglary);
- ❖ An offense under Section 31, Penal Code (theft that is punishable as a felony);
- ❖ An offense under Section 32.425, Penal Code (misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or a felony);
- ❖ An offense under Section 32.46, Penal Code (securing execution of a document by deception is punishable as a Class A misdemeanor or a felony);
- ❖ An offense under Section 37.12, Penal Code (false identification as a peace officer);
- ❖ An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).

(C) In addition to the prohibition on employment 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 prohibition on employment prescribed Subsections (A), (B), and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(1) and §94.11(c)(d) and is listed on the OIG, 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 received 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 service.

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 misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature of Applicant

Cater-2-U HHCS, LLC

Date

Fax 512-840-0477 E-mail admin@cater2u.agency

Update 6/2018