



WELCOME LETTER

Dear Applicant,

Thank you for your interest in employment with Cater-2-U HHCS, LLC. 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.

Once your application has been completed, please return the application along with two (2) valid forms of government identification (e.g., driver's license, passport) to Cater-2-U HHCS by any of the following methods:

In person or by mail: 209 S. 12th Street, Bldg.1, Suite 101, Pflugerville, TX 78660

Email: cater2uhhcsllc@gmail.com

Fax: (512) 840-0477

Before filling out the application please read the "Criminal Convictions Barring Employment" and Employee Misconduct Registry information pages to ensure you are informed and understand the applicable laws regarding background check disqualification for healthcare workers.

For any questions or clarification needs during your application process please contact the Cater-2-U HHCS office at (512) 758-1032. This application will remain active for six (6) months following the application date.

*Respectfully,
Sylvia S. Flores
Business Manager*



JOB APPLICATION

Last Name	First Name	Middle Initial
Street Address	City/State	Zip Code
Nickname/Alias	Social Security #	
Phone	Email Address	
Emergency Contact Name	Emergency Contact Number	

Educational History:

School Name	City/State	Major/Subject	Years Completed	Graduated	Degree Earned
High School					
Technical/Trade School					
College					
Other education/training					

Available Work Schedule: ☐ Full Time ☐ Part Time ☐ AM ☐ PM

Date Available to Start:

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/Present Employer	Address/City/State/Zip Code	Employer Phone
Job Title	Salary	Duties/Responsibilities
Supervisors name/Title	Supervisors phone	Dates Worked
Reason for Leaving		

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Supervisors name/Title	Supervisors phone	Dates Worked
Reason for Leaving		

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	Occupation	Years Known	Phone Number

May we contact your current employer? ☐ Yes ☐ No

May we contact your references? ☐ Yes ☐ No

Have you ever plead guilty or no-contest to a crime? ☐ Yes ☐ No If yes, please explain (include dates):

If you need additional space, please use a blank sheet of paper and attach it to your application. Please list any other special skills, abilities, certificates, or other information you feel would be important for us to consider when reviewing your application.

Applicant's Acknowledgment & Authorization:

Substance Testing: As a condition of employment, Cater-2-U HHCS, LLC employees are required to abide by the Cater-2-U HHCS Drug Testing Policy. Employees will be subject to controlled substance and alcohol screening and may be subject to disciplinary action, including up to termination, 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. In addition to a Criminal History Check and in accordance with the regulations of the Texas Department of Health and 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. This will be done prior to start of employment, annually thereafter, and any other time deemed necessary.

Signature: _____

Date: _____

Criminal History Check

APPLICANT AUTHORIZATION/ACKNOWLEDGMENT:

I, (print full legal name) _____, give authorization for a check of my criminal history as a condition for consideration of employment with Cater-2-U HHCS, LLC. I acknowledge that a conviction of any crime that prohibits a person from employment in a health care setting in the state of Texas, applies to my application for the position in which I am seeking. I also acknowledge that I may not be offered any position or provide any service for payment, prior to Cater-2-U HHCS, LLC completing and reviewing my criminal history check.

Last Name:
First Name:
Middle Name:
Date of Birth:
Social Security Number:
Aliases Used:
Maiden Name(If applicable)

By signing below I attest that the information on this form contains no wilful misrepresentation and that the information given is true and complete to the best of my knowledge. I have informed Cater-2-U HHCS, 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 DPS criminal history, NAR, EMR, and OIG checks.

I acknowledge I have been provided with a copy of The State of Texas, Health and Safety Code, Chapter 250, Section 250.006 Convictions Barring Employment, prior to submitting this application and I am aware that offenses under that Code are immediate disqualification for consideration of employment.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment. Other offenses will be reviewed by the agency Administrator or designee, to determine employment eligibility.

I understand that all information obtained by this agency regarding any criminal history will remain confidential and that I will be notified of the results.

Applicant Signature: _____

Date: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH)

APPLICANT or EMPLOYEE NAME (Please print)

check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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_Records/Review_of_Personal_Criminal_History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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
Retain in your files	

State of Texas. Health and Safety Code. Chapter 250. Section 250.006 Convictions Barring Employment

A. A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection:

1. an offense under Chapter 19, Penal Code, criminal homicide;
2. an offense under Chapter 20, Penal Code, kidnapping and unlawful restraint;
3. an offense under Section 21.02, Penal Code, continuous sexual abuse of young child or children, Section 21.11, Penal Code, indecency with a child;
4. an offense under Section 22.011, Penal Code, sexual assault;
5. an offense under Section 22.02, Penal Code, aggravated assault;
6. an offense under Section 22.04, Penal Code, injury to a child, elderly individual, or disabled individual;
7. an offense under Section 22.041, Penal Code, abandoning or endangering child;
8. an offense under Section 22.08, Penal Code, aiding suicide;
9. an offense under Section 25.031, Penal Code, agreement to abduct from custody;
10. an offense under Section 25.08, Penal Code, sale or purchase of a child;
11. an offense under Section 28.02, Penal Code, arson;
12. an offense under Section 29.02, Penal Code, robbery;
13. an offense under Section 29.03, Penal Code, aggravated robbery;
14. an offense under Section 21.08, Penal Code, indecent exposure;
15. an offense under Section 21.12, Penal Code, improper relationship between educator and student;
16. an offense under Section 21.15, Penal Code, improper photography or visual recording;
17. an offense under Section 22.05, Penal Code, deadly conduct;
18. an offense under Section 22.021, Penal Code, aggravated sexual assault;
19. an offense under Section 22.07, Penal Code, terroristic threat;
20. an offense under Section 32.53, Penal Code, exploitation of a child, elderly individual, or disabled individual;
21. an offense under Section 33.021, Penal Code, online solicitation of a minor;
22. an offense under Section 34.02, Penal Code, money laundering;
23. an offense under Section 35A.02, Penal Code, Medicaid fraud;
24. an offense under Section 36.06, Penal Code, obstruction or retaliation;
25. an offense under Section 42.09, Penal Code, cruelty to livestock animals, or under Section 42.092, Penal Code, cruelty to nonlivestock animals; or

26. 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 under this subsection.
- B. A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility or may not be employed by an individual employer before the fifth anniversary of the date the person is convicted of:
1. an offense under Section 22.01, Penal Code, assault, that is punishable as a Class A misdemeanor or as a felony;
 2. an offense under Section 30.02, Penal Code, burglary;
 3. an offense under Chapter 31, Penal Code, theft, that is punishable as a felony;
 4. 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;
 5. an offense under Section 32.46, Penal Code, securing execution of a document by deception, that is punishable as a Class A misdemeanor or a felony;
 6. an offense under Section 37.12, Penal Code, false identification as peace officer; or
 7. an offense under Section 42.01(a)(7), (8), or (9), Penal Code, disorderly conduct.
- C. In addition to the prohibitions 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:
1. of an offense under Section 30.02, Penal Code, burglary; or
 2. 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. The entire text of Chapter 250 is available at: www.statutes.legis.state.tx.us/docs/hs/htm/hs.250.htm.

The EMR is a public database maintained by the Department of Aging and Disability Services (DADS) in accordance with Texas Health and Safety Code (THSC) Chapter 253. The purpose of the EMR is to ensure unlicensed personnel who commit reportable conduct against individuals receiving DADS services are not employed in a DADS program. The EMR applies to employees who provide personal care services, treatment, or any other personal services and are not licensed by the state to perform the services.