

# Amazing Hearts Homecare and Staffing LLC. Application

Today's Date: \_\_\_\_\_

<b>Personal Data</b>				Email Address: _____	
Last Name	First Name	Middle	SSN		
Home Address	City	State	Zip		
Home Phone	Cell Phone	Pager			

<b>Emergency Contact Information</b>		
Name of Emergency Contact	Relation	Emergency Telephone Number

<b>Job Information</b>
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Position (Job Class) Applying for:

RN  
  PT  
  LP/VN  
  CNA  
  OT  
  PTA  
  Clerical  
  Other \_\_\_\_\_  
 Date Available: \_\_\_\_\_

**Work Experience/Skills**  
 Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

<input type="checkbox"/> Burn	<input type="checkbox"/> ENT	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Detox/Drug Rehab
<input type="checkbox"/> L & D	<input type="checkbox"/> Rehab	<input type="checkbox"/> Telemetry	<input type="checkbox"/> Post Partum
<input type="checkbox"/> MICU	<input type="checkbox"/> Nursery	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> NICU	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Stepdown	<input type="checkbox"/> Mother/Baby
<input type="checkbox"/> PACU	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Oncology	<input type="checkbox"/> Recovery Room
<input type="checkbox"/> SICU	<input type="checkbox"/> Pedi ICU	<input type="checkbox"/> Neurology	<input type="checkbox"/> Operating Room
<input type="checkbox"/> CCU	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Open Heart	<input type="checkbox"/> Emergency Room
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Previous Facility Types Worked: Check All That Apply –**

Hospital  
  Hospice  
  Nursing Home  
  Rehab  
  Private Duty  
  Assisted Living / Residential Treatment

<p>Language Skills: <b>Other than English, please check any other languages you speak –</b></p> <p> <input type="checkbox"/> Spanish             <input type="checkbox"/> French             <input type="checkbox"/> German             <input type="checkbox"/> Other: _____         </p>	<p><b>Check the type of assignment you are available for:</b></p> <p> <input type="checkbox"/> Full-time             <input type="checkbox"/> Part-time             <input type="checkbox"/> Contract             <input type="checkbox"/> Travel         </p>
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Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip <span style="float: right;">Country</span>	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip <span style="float: right;">Country</span>	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

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## Additional Information:

1. Are you legally authorized to work in the USA?  Yes  No
2. Have you ever been convicted of a felony?  Yes  No
3. Can you pass a pre-employment drug test?  Yes  No
4. How were you referred to Amazing Hearts Homecare and Staffing LLC.?  
 Newspaper  Trade Publication  Job Fair/Open House  Internet Site  
 Company Employee – Name: \_\_\_\_\_

## **PRE-SCREENING NOTICE AND CERTIFICATION REQUEST FOR THE WORK OPPORTUNITY CREDIT *(if any of the following statements apply to you complete IRS FORM 8850)***

- You received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- You are a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- You are a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- You were referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- You are at least age 18 but **not** age 40 or older and a member of a family that:
  - a. Received SNAP benefits (food stamps) for the past 6 months, **or**
  - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - c. During the past year, you were convicted of a felony or released from prison for a felony.
- You received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- You are a veteran and were unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- You are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- You are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- You are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- You are a member of a family that:
  - a. Received TANF payments for at least the past 18 months, **or**
  - b. Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - c. Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

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I understand that I **must** report all accidents to my immediate supervisor **and** to Amazing Hearts Homecare and Staffing LLC. - - No MATTER HOW SLIGHT.  Yes

I also understand that I must wear all required personal protection equipment (PPE).  Yes  
The penalty for not wearing PPE is disciplinary action, up to and including termination.

\_\_\_\_\_  
Signature

## **ACKNOWLEDGMENT (Please read carefully and sign)**

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Amazing Hearts Homecare and Staffing LLC. permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Amazing Hearts Homecare and Staffing LLC. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Amazing Hearts Homecare and Staffing LLC. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Amazing Hearts Homecare and Staffing LLC., its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information. This agency will check the employee misconduct registry (EMR) maintained by DADS. As required by TAC 93.3 and Chapter 253, Texas Health and Safety Code.

In consideration of my employment and of my being considered for employment by Amazing Hearts Homecare and Staffing LLC., I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Amazing Hearts Homecare and Staffing LLC. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Amazing Hearts Homecare and Staffing LLC., at any time, can constitute a contract of employment. No representative or agent of Amazing Hearts Homecare and Staffing LLC., has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Amazing Hearts Homecare and Staffing LLC. is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Amazing Hearts Homecare and Staffing LLC. against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

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 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 aid may request both an informal reconsideration and a formal hearing before the findings 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 authorized 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

**I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired: Salary:	Position: FT/PT/Per Visit	Starte Date:
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