

FOR OFFICE USE ONLY

CAREGIVER APPLICATION CHECK LIST

Date of Hire: / /

Caregiver Name: _____ Social Security #: _____

Item	Yes	No	N/A
Caregiver Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Agreement for Criminal History Check, DMV, Nurse Aid Registry, Misconduct Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Drivers License or Texas ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.N.A. card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Job Description and Qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Independent Contractor Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification of Educational Requirement's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Certification, Education, In-services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident Alien Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alien Authorized to Work Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Confidentiality Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Check Completed Date:	<input type="checkbox"/>	_____	
Misconduct Register Completed Date:	<input type="checkbox"/>	_____	
C.N.A. Register Completed Date:	<input type="checkbox"/>	_____	
Hepatitis B. Vaccine Date:	<input type="checkbox"/>	_____	

Staff Signature

EMPLOYABILITY CONSENT FORM

Name: _____ DOB: _____ SS#: _____
(Please print as listed on social security card and/or TX DL)

Additional Alias Names used if any including maiden name if applicable: _____

I, _____, have had no prior convictions of any of the offenses listed below which would bar or potentially bar employment.

- (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), or Section 21.11, Penal Code (indecenty 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 33.021, Penal Code (online solicitation of a minor);
- (21) an offense under Section 34.02, Penal Code (money laundering);
- (22) an offense under Section 35A.02, Penal Code (Medicaid fraud);
- (23) an offense under Section 36.06, Penal Code (obstruction or retaliation);
- (24) an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
- (25) 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.

A conviction of the following within the last 5 years:

- (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).

I understand that the agency will conduct a criminal history search [will include a State of Texas criminal history search], a Texas Employee Misconduct Registry [EMR] search, and a search of the Texas Nurse Aide Registry [NAR]. I understand that I cannot be employed if the criminal history results identify offenses that bar employment or if I am listed as unemployable as a result of the employee misconduct registry search or the nurse aide registry search. I understand that the agency will complete the searches of the EMR and the NAR at least on an annual basis for unlicensed staff with face-to-face client contact. The EMR rules are referenced at Title 40, Part 1, Chapter 93 [RULE §93.3] and Chapter 253, Texas Health and Safety Code, Employee Misconduct Registry. I understand the agency reserves the right to conduct a criminal history search and/or searches of the EMR and the NAR at any time for any reason on all staff regardless of whether the staff has direct client contact.

I understand that if the agency believes that a conviction or other criminal history results may bar my employment or may be a contraindication to employment that I can be fingerprinted at my own cost and request that the criminal history results be forwarded to the agency as a way of verifying the accuracy of my criminal history record.

I, the undersigned, hereby authorize this agency to conduct the employability/background screenings as listed above

Applicant Signature

Date

FOR OFFICE USE ONLY

I, _____,
(name of authorized agency representative) have conducted the employment screening as listed below. The criminal history results are kept in a separate binder and may be viewed only by authorized individuals or government entities.

- I have reviewed any/all criminal history results and have verified that any criminal history results **are not** a contraindication to employment.
- I have reviewed any/all criminal history results and identified that the criminal history results **are** a contraindication to employment; applicant will not be hired.

Initial EMR search completed on _____ (date)

- Applicant employable or Applicant not employable

Initial NAR search completed on _____ (date)

- Listed as Nurse Aide with expiration date of _____
- Not listed as NA [employable/no findings]
- Finding of ANE/not employable

Criminal History Search completed via TX DPS secure site on _____ (date)



CAREGIVER/PROVIDER APPLICATION FORM

Home Caring LLC is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression. However, this does not imply that the applicant will be hired for caregiving services.

Information

Name: _____ Social Security #: _____

Present Address: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Marital Status: _____ Male: Female:

Place of Birth: _____ Number of Dependents _____

If not an U.S. citizen, do you have the legal right to remain permanently and work in the U.S.?

Yes: No: Immigration No: _____ Expiration: _____

Have you ever been charged for a felony?

Yes: No: (DO NOT include convictions that have been sealed, expunged, or statutory eradicated.)

Are you employed now?

Yes: No:

May we contact your present employer?

Yes: No: If no, Why? _____

Applying For

Companion/Caregiver: _____ Years experience: _____

Languages

What language(s) other than English do you speak and understand? _____

Notify in Case of Emergency

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Preferences

Does smoking, cats, or dogs bother you? Yes: No:

Do you smoke? Yes: No:

Do you prefer working with males or females? Males: Females: No Preference:

Transportation

Do you drive? Yes: No: If yes, Driver's License No. _____ Expires: _____

How will you get to work: Own Car Dropped Off Public Transportation

What areas are you willing to travel to for work? _____

Experience with

Alzheimer's Disease Parkinson's Assist w/ Physical Therapy Diabetes Stroke Aids

Psychiatric Problems Dementia G-Tube Catheter Oxygen Hoyer Lift

Other, explain: _____

Have you done meal preparation? Yes: No:

Schedule Availability

Hourly Week days Weekends

Mornings Afternoons

Please fill in times available below:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you have responsibilities that would limit your availability?

Yes No If yes, Explain: _____

Do you limit your annual earnings due to Social Security or other reasons?

Yes No If yes, Explain: _____

Please explain anytime you were unavailable for assignments: _____

Education

	Name of School	Location	Courses Taken	Date Completed	Diploma, Degree or Certification
Grammar or Grade School					
High School					
College					
Vocation or Business					
Professional Education					
Certifications					

Previous Employers (List last employer first)

Employer	Dates Worked	Salary	Position and Duties	Reason for Leaving
Name: Address: Phone No: Supervisor:	From To	Starting Ending		
Name: Address: Phone No: Supervisor:	From To	Starting Ending		
Name: Address: Phone No: Supervisor:	From To	Starting Ending		
Name: Address: Phone No: Supervisor:	From To	Starting Ending		

JOB DESCRIPTION AND JOB QUALIFICATIONS

Position: Caregiver/Attendant/Provider

Position Description:

Responsible for providing personal assistance services to agency clients in accordance with agency policies and procedures, duties may include the following:

- Bathing
- Dressing
- Grooming/Personal Hygiene
- Feeding/Eating
- Exercising
- Toileting
- Positioning or Bed Mobility
- Asst. with self-administered medication
- Routine hair/ Skin Care
- Transfer and/or Walking/Ambulation
- Shaving and/or Oral Care
- Cleaning
- Laundry
- Meal Preparation
- Escort
- Shopping
- Companionship
- Other assigned tasks
- Completion of records and reporting to appropriate supervisor
- Use EVV system as instructed

Caregivers MAY NOT:

Administer medications of any kind including but not limited to: oral, rectal, topical, eye drops, ear drops, inhalation treatments, nasal, injectable or any other direct application to the client's body. If you are asked to perform a task that is not assigned, consult the PAS Supervisor immediately.

Reports to: PAS Supervisor and Administrator

Qualifications:

- * Must be 18 years or older
- * Demonstrate competency in providing tasks and have 6 months experience in providing personal assistance services to client.
- * Must be able to read, write, and follow directions.
- * Observes and practices rules of conduct, ethics and confidentiality.
- * Must observe all work rules and must have read, understand, and comply with all applicable agency policies.

I have read and understand the job description and qualifications for the above position and accepted.

Applicant Signature

Date

HOME CARING LLC CAREGIVER SERVICE AGREEMENT

The following contract is between _____, Print Name

Referred to as "I", and Home Caring LLC, referred to as "agency" or "office".

1. I understand I am an employee of Home Caring LLC.
2. I understand that Home Caring LLC is a temporary agency and cannot guarantee full time, part time or steady assignments.
3. I understand that I work for Home Caring LLC , and cannot work for or accept private payment from any clients or their family or responsible party or other organization assigned to me by the agency.
4. I agree to report any attempts or offers by clients of the agency to encourage me to break this agreement.
5. If I accept any private payment or assignment from a client of the agency this may be grounds for immediate termination and legal action.
6. I agree to perform the duties specified in the Job Description for Home Caring LLC Caregivers to the best of my ability on every assignment I work for the agency.
7. I have read and do understand Home Caring LLC's job description and policies and procedures.
8. I understand that I will be required to follow the personnel policies and rules of Home Caring LLC and that any infractions of said rules may lead to my dismissal.
9. I have read and do understand the Confidentiality Statement and any infractions of said rules may lead to my dismissal.
10. I understand Home Caring agrees to pay personal attendant employees a base wage of at least \$9.00 per hour.

I have read, understand and will comply with all applicable agency policies.

Applicant Signature

Date

Home Caring LLC Representative

Date

REFERENCE RELEASE FORM

I understand that Home Caring will check references, as part of the hiring process, to learn about my work history. I understand that these references will be confidential. I also understand that I will not have access to them. I release Home Caring and all providers of information from any liability as a result of furnishing and receiving this information.

Failure to authorize contact may exclude you from being considered for employment .

I give permission for the representative of Home Caring to contact my current employer for a reference.

Yes:

No:

I give permission for the representative of Home Caring to contact my past employers as shown on my job application and those listed below for employment references.

Yes:

No:

Other References that may be called

Name: _____ Title: _____

Company: _____

Phone Number: _____

Name: _____ Title: _____

Company: _____

Phone Number: _____

Applicant Signature

Date

HOME CARING LLC REFERENCE RELEASE FORM - First Previous Employer

Applicant's Authorization

Applicant Name: _____ Social Security #: _____

Former Employer: _____

Dates Employed: _____

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature

Date

Previous Employer's Record of Employment

The above named applicant is being considered for employment with Home Caring and has listed your organization as a former employer or co-worker. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us via fax at **210 737 9644** or in the enclosed, self-addressed, stamped envelope (**Home Caring LLC, 301 Blanco Rd, Ste B, San Antonio TX 78212**). Thank You for your assistance.

Position Held: _____

Dates Employed: _____

Summary of Essential Duties: _____

Reason for Leaving: _____

Salary at Termination: _____

Eligible for Rehire: Yes: No:

Please Rate the Following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Employer's Signature

Title

Date

HOME CARING LLC REFERENCE RELEASE FORM - Second Previous Employer

Applicant's Authorization

Applicant Name: _____ Social Security #: _____

Former Employer: _____

Dates Employed: _____

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature

Date

Previous Employer's Record of Employment

The above named applicant is being considered for employment with Home Caring and has listed your organization as a former employer or co-worker. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us via fax at **210 737 9644** or in the enclosed, self-addressed, stamped envelope (**Home Caring LLC, 301 Blanco Rd, Ste B, San Antonio TX 78212**). Thank You for your assistance.

Position Held: _____

Dates Employed: _____

Summary of Essential Duties: _____

Reason for Leaving: _____

Salary at Termination: _____

Eligible for Rehire: Yes: No:

Please Rate the Following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Employer's Signature

Title

Date

CONFIDENTIAL

HOME CARING LLC BACKGROUND CHECK AUTHORIZATION

Applicant Name: _____ Social Security #: _____

Former Name(s) and Dates Used: _____

Current Address: _____ At Current Address Since: _____

Phone No: _____ Drivers License/Texas ID: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Home Caring LLC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Home Caring LLC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release **Home Caring LLC**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Applicant Signature

Date

CONFIDENTIAL

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, _____ ,
APPLICANT or EMPLOYEE NAME (Please print)

acknowledge that a Computerized Criminal History (CCH) 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/CrimeRecords/ReviewofPersonalCriminalHistory) 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 your agency. Required for future DPS Audits)

OFFICE USE ONLY

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: _____	
Empl <input type="checkbox"/>	Vol/Contractor <input type="checkbox"/> _____ initial
Date Printed: _____ _____ initial	
Destroyed Date: _____ _____ initial	
Retain in your files	

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Yes

No

Employee Signature

Date

Management Signature

Date

CAREGIVER ORIENTATION RECEIVED

I, _____
Print Name

received an orientation presentation from Home Caring LLC Staff Manager.

Orientation included:

1. Home Caring LLC policies and procedures in compliance with Texas Department of Aging and Disability Services policies and procedures.
2. Training and demonstration of competency of tasks.
3. Training for infection control regarding OSHA 29 CFR 1910.1030 and appendix A to bloodborne pathogens and tuberculosis. Training will be up-dated annually.
4. Hepatitis B vaccine is available for employees who have direct contact with clients at no cost.
5. License and/or certification.
6. Criminal history check.
7. References checked.
8. Initial and annual employee misconduct registry and nurse aid registry.
9. Orientation and training on emergency preparedness and response plan.

I have read, understood, agreed and received a copy of Home Caring LLC policies and procedures (Caregiver/ Provider Handbook) and I will comply, follow and enforce those rules, regulations, policies and procedures.

Applicant Signature

Date

Staffing Manager or Administrator Signature

Date