Employment Application

GVA Home Healthcare Services is an Equal Opportunity Employer. GVA Home Healthcare Services seeks, in all of its operations, to employ individuals for available positions on the basis of their qualifications, working knowledge, and competency. GVA Home Healthcare Services has a continuing commitment to ensure that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability, or veteran status.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Referred By		
Position Applied for			
Full Time ☐ Part-time ☐ PRN ☐			
Salary Requirements			
Are you at least 18 Years of Age?	YES ☐ NO ☐		
Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction within the last 7 years?	YES ☐ NO ☐	If yes, please give date and nature of each convction:	
If not a US Citizen do you have legal authorization to work in the United States?	YES ☐ NO ☐		
Have you ever worked for this company?	YES ☐ NO ☐	If so, when?	
Have you ever applied for employment with this company?	YES ☐ NO ☐	If so, when?	
Do you speak any languages other than English?	YES ☐ NO ☐	If so, what language(s)?	
Do you have means to get to work on time when called on short notice during working hours?	YES ☐ NO ☐		

EDUCATION			
High School	Address		
	Did you graduate? YES ☐ NO ☐		Degree
College	Address		
	Did you graduate? YES ☐ NO ☐		Degree
Other	Address		
From To	Did you graduate? YES ☐ NO ☐		Degree

PROFESSIONAL LICENSES / CERTIFICATIONS

_____

_____

_____

_____

OTHER APPLICABLE SKILLS / EXPERIENCES / STRENGTHS

_____

_____

_____

_____

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	$	Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	$	Ending Salary $

Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES ☐	NO ☐	
Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary $	Ending Salary $	
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES ☐	NO ☐	

Have you ever been terminated or asked to resign from any job? YES ☐ NO ☐ If Yes, how many times?____
Has your employment ever been terminated by mutual agreement? YES ☐ NO ☐ If Yes, how many times?_____
Have you ever been given the choice to resign rather than be terminated? YES ☐ NO ☐ If Yes, how many times?_____
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Agency or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the Agency, my employment will be for no definite term and that either I, or the Agency, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Agency Administrator.
- I understand that the Agency will perform a criminal history check, OIG exclusion list check, and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person with direct patient contact, the Agency will perform a 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 residence and consumers are denied employment in HHS-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 Health and Human Services (HHS) department and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there is a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-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, employable.

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize 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.

Signature **Date**

Application may be submitted:
In person - 11811 East Fwy Ste 630-11 Houston,TX 77029 M-F 8am - 5pm
Email - Careers@gvahomehealthcaresvcs.com
Fax - (832) 344-3894

Required Credentials

To: Nursing Staff
From: Management

All the following credentials must be documented in each employee's file. It is the employee's responsibility to provide current documentation as soon as possible to the Human Resources Department.

- Current Driver's License
- Current Applicable Licenses and Certifications
- CPR Card

Required credentials may be submitted:
In person - 11811 East Fwy Ste 630-11 Houston, TX 77029 M-F 8am-5pm
Email - careers@gvahomehealthcaresvcs.com
Fax - (832) 344-3894

Reference Request

GVA Home Healthcare Services

Date: _____

Method of gathering reference data: Verbal ☐ Mail ☐

The individual named below is applying for a position and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.
Thank you in advance. _____
(Name of Company Representative)

Applicant Release

Applicant: _____ _____
Last First MI Maiden Name

Position Held: _____

Social Security #: _____ Employment Dates: From _____To_____

I hereby release from all liability the company or persons completing this form, and authorize them to release all information regarding any employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

_____ _____
Applicant Signature Date

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1. Please confirm employment period. From: _____ To: _____

2. Please rate and make additional comments on applicant's attributes.
Scale: 4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work _____
Knowledge and Skills _____
Reliability and Attendance _____
Cooperation _____
Competence _____
Supervisory Ability and Capacity _____

3. Please indicate any specialties or special considerations pertaining to the applicant.
_____

4. Is the applicant eligible for re-hire? YES ☐ NO ☐

If no, please explain. _____

5. Please attach any additional comments.

_____ _____ _____
Signature Position/Title Date