



Application for Employment

We welcome you to our facility and hope that your association with us is enjoyable and rewarding.



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION FOR EMPLOYMENT

Date: _____

(Complete all sections thoroughly. A resume' may be attached but may not substitute for completion of the application.)

Print Name

Last	First	Middle
------	-------	--------

Address

Street	City	State	Zip
--------	------	-------	-----

Social Security Number _____ Telephone Number _____

Position(s) applied for: (1) _____ (2) _____

Hours or shift preferred _____ Date available to start work: _____

Specify restrictions, if any, of days and hours (e.g. class schedule)

Full Time Part Time Temporary Minimum compensation requirement \$ _____

Are you at least 18 years of age? Yes No

Are you authorized to live and work in the United States? Yes No
(Verification of your legal right to work in the United States will be required within three days of being hired)

Have you ever been convicted of a felony? Yes No

Are you able to perform the essential functions of the job for which you have applied? Yes No

Clerical Skills/Computer Skills

Typing Speed _____

Keyboard Skills (Data Entry) _____

List any additional skills, education or training related to the position applied for

Record of Education

Please include name and address of school and under what name attended if different	Course of Study	Year Completed	Did you Graduate	Diploma or Degree
High School		1 2 3 4		
College		1 2 3 4		
Other (specify)		1 2 3 4		

Employment History

Begin with your most recent employment and give employment history for the last **5 years**; if further space is needed attach additional paper.

Present or Most Recent Employer	Telephone Number () Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Previous Employer	Telephone Number () Ext.
Address	Dates Employed (Mo. & Yr.) From: To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Previous Employer	Telephone Number () Ext.
Address	Dates Employed (Mo. & Yr.) From To:
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes No

Have you ever been employed with any of the following Health Services Management Inc. facilities located in Texas? Please mark all that apply

- Beaumont Health Care Center
- Cleveland Health Care Center
- College Street Health Care Center
- Conroe Health Care Center
- Friendswood Health Care Center
- Huntsville Health Care Center

- Lawrence Street Health Care Center
- Liberty Health Care Center
- Richmond Health Care Center
- Sugarland Health Care Center
- Tomball Retirement Center
- West Janisch Health Care Center

References

List two references, home telephone numbers and years known. *(Do not include relatives or employers.)*

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number	Telephone Number
Years Known	Years Known

License/Certification

List all licenses and certifications including number and dates.

Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:
Name and License/Certification Number:	License/Certification Dates:

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Health Services Management Inc. I understand that employment with Health Services Management Inc. is "at will" and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Health Services Management Inc. I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with Health Services Management Inc. I understand that either refusal to submit to the test or failure of the test per Health Services Management Inc. policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant _____

Date: _____

Health Services Management Inc. is an Equal Opportunity Employer and do not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status, or any other characteristic protected by law.

Reference Release Form

I, _____, ("Prospective Employee"), hereby give my consent to allow all former employers, its employees, agents and representatives, and references listed on my application, to respond to any reference requests and provide information and opinions regarding myself, my employment and any other matter relating to me, regardless of the motivation for or content of such opinions and information, regardless of whether I agree with Prior Employer. I hereby waive any and all claims, known or unknown and release Prior Employer and all individuals involved from a Texas claim or liabilities which relate to or arise out of such responses to reference requests. This consent and release is not dependent upon any prior understanding, statement or agreement, and is unconditional. If I ever file a lawsuit based upon such responses to reference requests, I agree to pay all costs and attorney fees incurred by any defendant in responding to or defending such lawsuit.

Prospective Employee Name (Please Print)

Date

Prospective Employee Signature

Crimes Barring Employment

A Nursing Home may not employ a person who has been convicted of one or more of the offenses listed below. A person who knowingly applies for a job at a nursing home after a conviction of one of these offenses commits a Class A infraction. I, _____, attest I have not been convicted of any of the following crimes:

- Criminal homicide (Chapter 19, Penal Code)
- Kidnapping, unlawful restraint, and smuggling of persons (under Chapter 20, Penal Code)
- Continuous sexual abuse of young child or children (Section 21.02, Penal Code)
- Indecency with a child (Section 21.11, Penal Code)
- Sexual assault (Section 22.011, Penal Code)
- Aggravated assault (Section 22.02, Penal Code)
- Injury to a child, elderly individual, or disabled individual (Section 22.04, Penal Code)
- Abandoning or endangering child (Section 22.041, Penal Code)
- Aiding suicide (Section 22.08, Penal Code)
- Agreement to abduct from custody (Section 25.031, Penal Code)
- Sale or purchase of child (Section 25.08, Penal Code)
- Arson (Section 28.02, Penal Code)
- Robbery (Section 29.02, Penal Code)
- Aggravated robbery (Section 29.03, Penal Code)
- Indecent exposure (Section 21.08, Penal Code)
- Improper relationship between educator and student (Section 21.12, Penal Code)
- Improper photography or visual recording (Section 21.15, Penal Code)
- Deadly conduct (Section 22.05, Penal Code)
- Aggravated sexual assault (Section 22.021, Penal Code)
- Under terroristic threat (Section 22.07, Penal Code)
- Exploitation of child, elderly individual, or disabled individual (Section 32.53, Penal Code)
- Online solicitation of a minor (Section 33.021, Penal Code)
- Money laundering (Section 34.02, Penal Code)
- Medicaid fraud (Section 35A.02, Penal Code)
- Obstruction or retaliation (Section 36.06, Penal Code)
- Cruelty to livestock animals (Section 42.09, Penal Code)
- Cruelty to non-livestock animals (Section 42.092, Penal Code)
- 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
- Assault that is punishable as a Class A misdemeanor or as a felony (Section 22.01, Penal Code)
- Burglary (Section 30.02, Penal Code)
- Theft that is punishable as a felony (Chapter 31, Penal Code)
- Misapplication of fiduciary property or property of financial institution that is punishable as a Class A misdemeanor or a felony (Section 32.45, Penal Code)
- Securing execution of document by deception that is punishable as a Class A misdemeanor or a felony (Section 32.46, Penal Code)
- False identification as peace officer; misrepresentation of property (Section 37.12, Penal Code)
- Disorderly conduct (Section 42.01(a)(7), (8), or (9), Penal Code)
- Burglary (Section 30.02, Penal Code)

Employee Signature: _____

Date: _____

Authorization to Disclose Criminal History Information

I, _____, an employee or applicant for employment do hereby authorize and give my permission to Health Services Management Inc. to conduct a thorough investigation of any criminal record(s) and/or criminal activities. I understand this criminal history information check may be conducted by agents or employees of the Facility, by authorized State agencies, private investigation agencies and/or by any source deemed appropriated by the Facility.

By my signature below, I hereby authorize such investigation and give my permission to authorize law enforcement agencies and/or courts to release all criminal history information maintained in their files which may confirm or deny my eligibility for employment with this Facility.

I understand the Facility cannot guarantee confidentiality and the information may be provided to other State agencies, the Management Company, or any other person or entity the Facility deems appropriate. I further understand that if any criminal history is found to exist, I will be provided with a copy of the information and be given opportunity to correct, refute, or clarify the information in accordance with the Facility's criminal background check policy.

I hereby agree to hold the Facility, its agents, employees, State agencies, private investigative agencies, law enforcement agencies, courts and/or any other person or entity providing the facility with criminal history information, harmless from any and all damages of whatever type or nature, including court costs and attorney's fees suffered by any person or entity described herein, as a result of the investigation into my criminal history.

Name (please print)

Social Security Number

Driver's License Number

State Issued

Date of Birth

M / F
Sex

Race

Phone Number (include area code)

Current Address

City

State

Zip

Signature

Date

Verification of License / Certifications

I, _____, an employee or applicant for employment do hereby authorize and give my permission to Health Services Management Inc. to conduct a thorough search of the Texas Online Licensing website to determine whether they may possess any complaints or findings against me that prohibits employment.

Signature

Date

Compliance and Ethics Program / Employment Application Supplement

Employee Name

Social Security Number

Maiden Name

Other Alias

Other Alias

Employee Address

City

State

Zip Code

I hereby attest that all names and alias names used to identify me have been disclosed above and to the best of my knowledge that I am not an "Ineligible Person" as defined below:

- a. I am not currently excluded, debarred, or otherwise ineligible to participate in Federal Health Care Programs or in federal procurement or non-procurement programs; or
- b. I have not been convicted of any criminal offense related to the provision of health care items or services, but not yet been excluded, debarred, or otherwise declared ineligible.

I further agree to disclose immediately to the center any debarment, exclusion, or other event that makes it ineligible to participate in Federal Health Care Programs.

I understand that this center has established a Corporate Compliance and Ethics Program. Accordingly, upon knowledge that an employee has become an "Ineligible Person", the center will immediately remove the employee from employment.

I understand that any falsification of information on this form will be grounds for immediate termination of my employment with this center.

Applicant Signature

Date

- 1. This applicant's name was submitted for comparison to the SAM Exclusion Lists at <https://www.sam.gov> on this date.
- 2. This applicant's name was submitted for comparison to the OIG Exclusion Lists at <http://oig.hhs.gov> on this date.
- 3. This applicant's name was submitted for comparison to the Texas OIG Exclusion Lists at <http://oig.hhsc.state.tx.us> on this date. **(TEXAS ONLY)**

Facility Representative

Date