INFINITY HHC/1st CHOICE DAY HAB

Please bring the following required documents below at time of Interview

\_ Driver’s License

\_ Social Security Card/Birth Certificate/Passport

\_ High School Diploma/GED/University Diploma-Transcript

\_ Texas State Professional License/RN/LVN/CAN

If you do not have access to the information noted above, please see Odile for further information. This information is required to be in our possession within a predetermined amount of time. Failure to produce documentation could lead to termination of employment. Attach to Application

Thank you in advance for your assistance.

 Staff Requirements, Orientation & Training

* Applicant should be responsible, mature, and healthy adult of at least 18 years of age and older.
* Applicant should be capable of meeting the needs of the residents in the home.
* Applicant should be physically and mentally able to perform all required duties and tasks.
* Applicant should be able to communicate directly with the residents.
* Employee should not deliver direct services when he/she has a communicable disease or illness,
* But must ensure that resident’s needs are met by an approved substitute.
* At the time of application, applicant must provide three (3) references from persons not related.
* Applicants must be aware of persons whose behaviors or health status endangers the residents.
* Applicant must submit a statement providing information concerning any felony and or misdemeanors, convictions, and of any pending criminal charges.
* Applicant should participate in monthly Meetings/trainings.
* Applicant must be able to demonstrate the ability to read and comprehend the minimum standards, client and provider agreements, service plan and directives.

 THE EMPLOYEE MUST BE ABLE TO KNOW THE LOCATION OF:

* Fire Extinguishers
* Evacuation Procedures
* Emergency Contact Information
* ( 911, Owner, Nurse, LAR or Relative of Residents)
* Location of Residents Records
* Location of Residents Medication
* Caring Instructions for each Resident

1st CHOICE DAY HAB

APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION DATE OF APPLICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:**

 Last First Middle

**Address:**

 Street (Apt) City, State Zip

**Alternate Address:**

 Street City, State Zip

**Contact Information:** ( ) ( )

 Home Telephone Mobile Email

***How did you learn about our company?***

**POSITION SOUGHT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Available Start Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desired Pay Range:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Are you currently employed?**\_\_\_\_\_\_\_

 By Hour or Salary

**EDUCATION**

 **Name and Location Graduate? – Degree? Major / Subjects of Study**

|  |  |  |  |
| --- | --- | --- | --- |
| High School |  |  |  |
| **College or University** |  |  |  |
| **Specialized Training,****Trade School, etc…** |  |  |  |
| Other Education |  |  |  |

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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**PREVIOUS EXPERIENCE**

Please list beginning from most recent

**Dates Employed Company Name Location Role/Title**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Job notes, tasks performed and reason for leaving:**­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates Employed Company Name Location Role/Title**

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**As an applicant of INFINITY HHC/1st CHOICE DAY HAB I understand and agree to the following:**

**(please read and initial)**

1. \_\_\_\_\_\_\_\_ I understand that any offer or acceptance of employment or my employment may be terminated, with or without cause, at any time at the option of either the Company or myself. I acknowledge that I do not have a contract of employment with the Company and that, in the future; I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and the Executive Director of the Company.
2. \_\_\_\_\_\_\_\_\_ I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. I further understand that the failure to timely submit such proof will result in my immediate dismissal from the Company.
3. \_\_\_\_\_\_\_\_ This application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application.
4. \_\_\_\_\_\_\_\_ I acknowledge the Company’s notification to me that a background investigation or an investigative consumer report on me may be made. I understand and agree that successful completion (to the Company’s satisfaction) of such investigation(s) is required for employment or continued employment. I hereby authorize the Company or its authorized agents to conduct the investigation(s) described above and to prepare a report based on such information. I further understand that, upon my written request, a complete disclosure of the investigation(s) conducted will be provided to me.
5. \_\_\_\_\_\_\_\_\_ I understand that y disclosure of prior convictions for criminal or traffic offenses may not preclude my employment with the Company; however, the omission of this requested information will be sufficient cause for the cancellation of my application or my immediate dismissal from the Company.
6. \_\_\_\_\_\_\_\_\_ I authorize all individuals, schools, and firms named therein, except my current employer if so noted to provide any information requested about me, and I release them from all liability for damage in providing this information.
7. \_\_\_\_\_\_\_\_\_ I agree that the Company’s liability to me for wages is limited to the amount earned by me as of the date of my termination. I authorize the Company to deduct any monies owed by me to the Company whenever such deduction is not prohibited by law.
8. \_\_\_\_\_\_\_\_ I understand that my employment is contingent upon meeting the physical requirements of the job as well as passing (to the Company’s satisfaction) a post-offer medical examination, if required. Because the Company is a drug-free workplace, I may be required to submit to testing as a condition of employment, in accordance with the Company policy.
9. \_\_\_\_\_\_\_\_ I certify that all statements I have made in this application are true and agree that any misrepresentation or omission of fact requested may result in the cancellation of my application or my immediate dismissal from the Company. I agree to conform to the rules and policies of the Company and understand that these rules and policies may be changed, interpreted or withdrawn at the Company’s option at anytime without notice.

Signature required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_