



EMPLOYEE PRE-HIRE FORMS

Pre-Hire In-Person Interview

Interview conducted by: _____ Date: _____

Name of possible hire: _____

Position applying for: _____ Expected pay: _____

Current certification/license for professionals? Yes or No

Have you ever worked in home care? Yes or No If yes, where _____

Are you currently working anywhere? Yes or No If yes, Where _____

What are you interested in working? Full-Time Part-Time PRN Seasonal Contract

Travel is a MUST do you have any restriction? _____

Working Interview? _____ When? _____ When will you be available to do start? _____

AGENCY POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on your Criminal History check to prevent us from hiring you? Yes or No

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a client's home, and he/she refused to let you in? Brief verbal response: _____
2. What would you do if your client fell and insists that you do not call for help and insists that they are, ok?
Brief verbal response: _____
3. How long do you think it is okay to hold onto paperwork for a client?
Brief verbal response: _____
4. When entering a patient's home how would you start your assessment?
Brief verbal response: _____
5. How would you respond if the Administrator calls you in to give you a written warning for something she has discovered happened?
Brief verbal response: _____
6. Skills: _____
7. Reason for leaving last job. _____
8. Last TB? _____ Negative Positive
9. Have you had a COVID Vaccine? Yes No

EMPLOYEE APPLICATION

Availability: check all that you could work			
Mon _____	Tues _____	Weds _____	Thurs _____
Fri _____	Sat _____	Sun _____	
Day hours _____ Evening hours (5-9P) _____ Nights (9P-12MN) _____ overnights _____ live-in _____			

Date of Application: _____ Date Available to Start: _____

Position Applying For: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

(_____) _____ (_____) _____ _____
Home Phone Number Cell Phone Number Driver's License #

Email Address Language skills other than English (written/spoken)

1. Have you ever been employed here before? Yes or No if yes, when? _____
2. Are you legally eligible for employment in the US? Yes No (if yes, skip to referral info)
3. If not legal citizen: Do you have a green card? Yes or No
4. Do you have a social security card? Yes or No
5. Has your visa expired? Yes or No

REFERRAL INFORMATION

How did you hear about us? (Please check)

- Newspaper Ad Internet Facebook Company Website
 Current Employee/Contractor _____ Other _____

We'd like to thank them

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____ Work Number: _____

A Nurses Touch Home Health an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History – *Please begin with your most recent or current place of employment.*
Is this information already on your resume? Yes or No (if yes, skip to the education section)

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone #: _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone #: _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone #: _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____ Final Salary: _____

Education (Name & Location Course of Study Years Completed Date Graduated)
 High School: _____
 College: _____
 Other: _____
 Other: _____
 Military Service
 Branch of Service: _____ Dates of Service: _____
 Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
 Special Schooling and/or Duties: _____

Licenses and Certifications
 (License or Certification ID Number Exp Date State)
 1. _____
 2. _____
 3. _____

Criminal History – **By my signature below, I acknowledge/consent to a criminal check on my name.**

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)
 Yes or No
 if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

 Employee Candidate Signature Date

TEXAS CRIMINAL ATTESTATION STATEMENT

By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed on my name. I have informed the Agency of all names (maiden name, aliases) that I have used in the past. I acknowledge that I have been hired provisionally basis and that employment is temporary pending the results of the criminal history check. I also acknowledge that the Agency will not hire me if I have been convicted of the offenses enumerated below as disqualifying by the state. I also understand that the Agency will search all available registries and other sources to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on any registry. If my name is designated on either registry, I understand the Agency will deny me employment.

DISQUALIFYING OFFENSES

TX Chapter 250, Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with an individual in specified agencies providing care to the aged and disabled.

CONVICTIONS THAT ARE AUTOMATIC BARS TO EMPLOYMENT:

- Any offense under Chapter 19, Texas Penal Code (criminal homicide). Includes murder, capital murder, manslaughter and criminally negligent homicide.
- Any offense under Chapter 20, Texas Penal Code (kidnapping and unlawful restraint). Includes kidnapping, aggravated kidnapping and false imprisonment.
- An offense under Section 21.11, Texas Penal Code (indecent with a child).
- An offense under Section 22.011, Texas Penal Code (sexual assault).
- An offense under Section 22.02, Texas Penal Code (aggravated assault).
- An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
- An offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
- An offense under Section 22.08, Texas Penal Code (aiding suicide).
- An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
- An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).
- An offense under Section 28.02, Texas Penal Code (arson).
- An offense under Section 29.02, Texas Penal Code (robbery).
- An offense under Section 29.03, Texas Penal Code (aggravated robbery)

PLEASE SPECIFY ANY OTHER CONVICTIONS NOT LISTED ABOVE

I have **NOT** been convicted on any crime list above as disqualifying for employment. I further confirm that there are no charges currently pending against me with respect to the above charges in this state or any other state.

Name:	Maiden Name or Alias:
Address	
Social Security #	Driver's License #
Signature	Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____ Fax: _____

The individual listed below has applies for a position with A Nurse’s Touch Home Health.

Name: _____ DOB: _____

Last

First

Middle Initial

The position being applied for is: _____

Applicant’s Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant’s Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishingthis objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				
Comments:				

Signature/Title of Reference

Date

A Nurse’s Touch Home Health
1121 Briarcrest Dr. Suite 102, Bryan Tx 77802
Phone: (979) 693-3208 Fax: (979) 693-3208
Email: anursestouch@hotmail.com

**If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____ Fax: _____

The individual listed below has applies for a position with A Nurse’s Touch Home Health.

Name: _____ DOB: _____

Last

First

Middle Initial

The position being applied for is: _____

Applicant’s Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant’s Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishingthis objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				
Comments:				

Signature/Title of Reference

Date

A Nurse’s Touch Home Health
1121 Briarcrest Dr. Suite 102, Bryan Tx 77802
Phone: (979) 693-3208 Fax: (979) 693-3208
Email: anursestouch@hotmail.com

**If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.