



Schleicher County Nursing Home  
 104 N. US Hwy 277  
 Eldorado, TX 76936  
 Telephone 325-853-3931  
 Fax 325-853-3974

A copy of your Driver's License or ID card and Social Security card is required.

**APPLICATION FOR EMPLOYMENT**

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital status, the presence of a non-job related disability or any other legally protected status.

Please Print in Ink

PERSONAL		
Last Name	First Name	Middle
Current Mailing Address		Email Address
City	State, Zip	Date of Birth
Social Security Number	Home Telephone Number	Cellular Number
Best time to contact you:	Date available for work:	Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Would you consider working:	Shift Preferences:	Are you a U.S. citizen or an alien legally authorized to work in the United States?
Weekends & Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends & Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends & Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If employed, I understand I am required to complete Form 1-9 to show evidence of identity for employment.
Position Applied for:		Salary desired:
How did you learn about this position?		
Relative or Friends employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Department:
Have you been employed here in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when?		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Long Range Occupational Goals:		
Have you ever been convicted of, or plead guilty to a crime (excluding misdemeanor traffic violations)? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involuntarily terminated or asked to resign from any position of employment? If yes, please describe circumstances:		<input type="checkbox"/> Yes <input type="checkbox"/> Yes

EDUCATION/SKILLS					
School	Name & Address of School	Course of Study	Last year completed	Did you graduate?	List diploma or degree
High			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe other skills or special courses (include special military training, post graduate and nursing).					
PROFESSIONAL LICENSES/CERTIFICATIONS					
Type:	State:	Date:	Number:		
Type:	State:	Date:	Number:		
Type:	State:	Date:	Number:		
EMPLOYMENT HISTORY					
Enter information for you last 3 employers - starting with the most recent.					
Employer			Duration of Employment From:                      To:		
Address (City & State)			Name of Supervisor		
Position Title			Phone Number		
Reason for Leaving			Starting Salary		
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			Duration of Employment From:                      To:		
Address (City & State)			Name of Supervisor		
Position Title			Phone Number		
Reason for Leaving			Starting Salary		
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ending Salary		
Employer			Duration of Employment From:                      To:		
Address (City & State)			Name of Supervisor		
Position Title			Phone Number		
Reason for Leaving			Starting Salary		
If this is your current employer, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ending Salary		
Personal References - Do Not List Relatives					
Name			Phone Number		
Name			Phone Number		
Name			Phone Number		

I hereby affirm that the information provided on this application (and accompanying resume) is true and correct. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that my employment may be contingent upon successfully passing a medical examination, physical therapy assessment, drug test, and criminal background check.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at anytime and for any reason with or without notice, and that the facility has the same right.

In the event of employment, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment. We will need a copy of your drivers license or picture id and social security number for the I-9 and in order to run the criminal background check.

I affirm, to the best of my knowledge, that I am physically capable to handle the position I am applying for.

---

Signature

---

Date



**Criminal Conviction History and Registry Checks**

The applicant is a person under consideration for hire as a service provider in the CDS option (employee or independent contractor [when required]). This form covers only criminal history conviction history and registry checks.

**Note:** An applicant may not be hired by the CDS employer, and must not start providing services for payment, until and unless the required criminal history and registry checks are conducted, in addition to other employee qualification checks. The CDS employer and Financial Management Services Agency (FMSA) review the results of all required qualification checks to determine that an applicant can be hired. This form is signed by the FMSA.

**Section I - Applicant Authorization and Acknowledgment (Applicant must complete this section.)**

I, (applicant's printed name) \_\_\_\_\_, give my permission to check for a criminal conviction history, to check the required registries annually, and to check the state and federal lists of people and entities excluded from participation in Medicaid (LEIE) monthly as part of my application as a service provider through the Consumer Directed Services (CDS) option. I also understand that a criminal conviction or a registry listing that prohibits a person from employment in a health care setting in the state of Texas may prohibit my employment.

I understand I may not begin delivering services until the FMSA and Employer confirm that I meet all qualifications to be hired.

**Applicant Information Required by the Texas Department of Public Safety (DPS) (Applicant must complete this section.)**

Individual's Name (Last, First, Middle)	Alias	Maiden Name
Date of Birth (mm/dd/yyyy)	Social Security No.	

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Date

**Section II - Criminal Conviction History Check and Registry Verification Process (Employer must complete this section.)**

Individual's Name	Employer Name
-------------------	---------------

**Criminal Conviction History Check (Check each box to certify agreement):**

- I request that my FMSA obtain a **current** Criminal Conviction History Check of the applicant from DPS. I authorize the FMSA to be reimbursed for the cost of obtaining the DPS Criminal Conviction History Check and if I request the report, the cost of sending the report from my budgeted funds.
- I understand that if I request the report, the FMSA must send it to me through a secure method, DPS approved encrypted software or certified mail.
- I understand that all criminal records and reports obtained by my FMSA, and the information they contain, are confidential information.
- I understand all DPS criminal history information reports must be destroyed five days after I make the hiring decision. Paper records need to be shredded, pulped or burned. For electronic records, destroying the media or using specialized software to copy over the data are acceptable methods.
- I understand that sharing of criminal history information with any person or agency may be prosecuted as a Class A Misdemeanor.
- I understand I may not allow the applicant to begin delivering services until the FMSA and I confirm the applicant meets all qualifications to be hired.

\_\_\_\_\_  
Signature - Employer

\_\_\_\_\_  
Date

**Registry Check**

- I request that my FMSA obtain the applicant's status with the Employee Misconduct Registry and the Nurse Aide Registry initially and annually.
- I understand that the FMSA will screen the applicant initially and monthly using both the state and federal lists of excluded individuals and entities (LEIE).
- I also understand that the applicant cannot provide services and cannot be paid with program funds until the criminal history and registry checks are completed and my FMSA has notified me that the applicant meets the qualifications.

\_\_\_\_\_  
Signature - Employer

\_\_\_\_\_  
Date

I request that the FMSA provide the criminal history to me:

- Verbally
- Encrypted email
- Certified mail

\_\_\_\_\_  
Date of Employer Request

**Section III - Criminal Conviction History and Registry Check Results (FMSA must complete this section.)**

**DPS Criminal Conviction Criminal History Check**

Date FMSA received Form 1725 with employer selection for criminal history results:

Date of DPS Check	Time (specify a.m. or p.m.)
-------------------	-----------------------------

Obtained By	Convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	---

DPS approved dissemination method used to inform employer of results: <input type="checkbox"/> Verbally <input type="checkbox"/> Encrypted email <input type="checkbox"/> Certified mail <input type="checkbox"/> Did not specify method	Date FMSA staff notified employer: _____ FMSA staff: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--

If yes, does the conviction(s) prohibit service delivery in compliance with Health and Safety Code Chapter 250, Section 250.006(a), or Section 250.006(b)?  Yes  No

Within five calendar days after the hiring decision, the FMSA must destroy the criminal history record information obtained from DPS whether or not hired or retained by the employer or designated representative.

Date report was destroyed: \_\_\_\_\_

Date employer notified FMSA of hiring decision: \_\_\_\_\_

**Registry Checks (Conduct search at [emr.dads.state.tx.us/DadsEMRWeb/](http://emr.dads.state.tx.us/DadsEMRWeb/))**

Date of Registry Checks	Time (specify a.m. or p.m.)	Obtained By	<input type="checkbox"/> Employer <input type="checkbox"/> FMSA Representative
-------------------------	-----------------------------	-------------	---

**Employee Misconduct Registry:**  No Record  Record (must not be hired or retained)

**Nurse Aide Registry:**  No Record  Record (must not be hired or retained)

**Medicaid Exclusion List:**  No Record  Record (must not be hired)

**Certification** - I acknowledge that the applicant's DPS criminal conviction history and registry record were checked.

The applicant  is  is not eligible for hire, to be retained for service delivery based on the checks above.

\_\_\_\_\_  
Signature - FMSA Representative

\_\_\_\_\_  
Date FMSA notified the employer or Designated Representative

**FMSA and Employer Must Each Keep Original or Copy of This Form**

APPLICANTS...DO NOT WRITE ON THIS PAGE...FOR OFFICE USE ONLY

DEPT. SUPERVISOR OR DESIGNEE MUST PREFORM REFERENCE CHECKS.

Name: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Neatness: \_\_\_\_\_ Appearance: \_\_\_\_\_ Ability: \_\_\_\_\_ Experience: \_\_\_\_\_

Hired: YES \_\_\_ NO \_\_\_ Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Date Reporting to Work: \_\_\_\_\_

.....  
**3 REFERENCE CHECKS REQUIRED**

1. Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Eligible for Rehire: Yes \_\_\_ No \_\_\_  
Comments: \_\_\_\_\_

.....  
2. Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Eligible for Rehire: Yes \_\_\_ No \_\_\_  
Comments: \_\_\_\_\_

.....  
3. Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Eligible for Rehire: Yes \_\_\_ No \_\_\_  
Comments: \_\_\_\_\_

.....  
Reference Checks Completed by: \_\_\_\_\_