

Angel Bright Home Health, Inc. Employment Application



Angel Bright Home Health, Inc.
3221 Holly Road
Corpus Christi, TX 78415
Phone: 361.986.1102
Fax: 361.986.1152

www.angelbright.net

DATE:

Personal Information

Last Name, First Name Social Security No. License # and Expir Date

Present Address: City: State: Zip:

Permanent Address: City: State: Zip:

Phone # Referred by: Birthday (optional):

Employment Desired

Position: Date you can start: Salary desired:

Presently employed? yes no

If so, may we inquire of your present employer? yes no

Ever applied to this company before? yes no Where? When?

Education

Type of School	Name of School and Location	Years Attended	Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, Other				

Subjects of special study, research work or special training / skills:

Have you served in the Military? yes no

Highest Rank

Former Employers (List last four employers below of provide resume)

Month Year start date / finish date	Employer Name and Address	Salary	Position	Reason for Leaving

References

Name	Phone & Address	Business	Years Known

Criminal History Checks, Nurse Aide registry, Employee misconduct registry and Medicaid List of Excluded Individuals/Entities.

The Texas Department of human Services requires history checks on all non-licensed, licensed Home Health Care Personnel and volunteers.

Angel Bright Home Health, Inc. will run background for verification or employability of all licensed and unlicensed personnel, which include employees, volunteers, who provide face to face contact with patients/clients or have access to patient records. Employment is temporary pending results of investigation. (Employee Misconduct & Nurse Registry <https://emr.dads.state.tx.us/Exclusion/Search.aspx> or <http://www.oig.hss.gov/fraud/exclusions.asp>)

Authorization

I certify the truth and completeness of the facts contained in this application to the best of my knowledge. I understand that if employed, false statements on this application may result in my dismissal. I authorize investigation of all statements contained here.

I authorize the references, employers and background checks listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release the company from all liability for any damage that may result from utilizing such information.

I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless in writing and signed by an authorized company representative.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks:

List of excluded Individuals / Entities: Employable YES___ NO___ Date Verified: _____ Verified By: _____

Criminal History Check: Employable YES___ NO___ Date Verified: _____ Verified By: _____

Employee Misconduct Registry: Employable YES___ NO___ Date Verified: _____ Verified By: _____

Nurse Registry: Employable YES___ NO___ Date Verified: _____ Verified By: _____

Neatness: _____ **Character:** _____ **Personality:** _____ **Ability:** _____

Hired: _____ For Dept: _____ Position: _____ Will Report: _____ Salary: _____

APPROVED: 1. _____ 2. _____ 3. _____
 Employment Manager Dept. Head General Manager