



CORNERSTONE COMMUNITY HEALTHCARE SERVICES, INC.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION (PLEASE USE BLACK OR BLUE INK)

Please Read Carefully and Complete ENTIRE Application

All applicants with the company must be made in this form. The entire application must be completed. Incomplete applications cannot be considered. All information submitted is subject to verification. A false or misleading statement may result in disqualification or termination. Please print clearly in ink. Your application will be maintained on active file for six months.

Name _____ D.O. B. _____ Social security# _____
Last First M.I.

Address _____ Phone _____
Street City State Zip Code

Email: _____

In case of an emergency, notify: Name _____ Relationship _____ Phone: _____

Please list any other names that your employment records might be filed under: _____

EMPLOYMENT DESIRED

Type of Work Desired: _____ Salary: _____ Will you work: Full time Part time Temporary

1. Personal Attendant Servicer (PAS) _____ Are You 18 years of Age or Older? Yes No

2. _____ Are you employed Now? Yes No

Who Referred you? _____ May we contact Your Present Employer? Yes No

How far will you travel to a client? North West East South Pasadena Galveston Other _____

EDUCATION

High School:

Name and Location of School: _____

Courses Taken: _____ Completed Yes No Degree/Diploma: _____ Graduation Month/Year _____

College or University:

Name and Location of School: _____

Courses Taken: _____ Completed Yes No Degree/Diploma: _____ Graduation Month/Year _____

Vocational or Business:

Name and Location of School: _____

Courses Taken: _____ Completed Yes No Degree/Diploma: _____ Graduation Month/Year _____

Professional Education:

Name and Location of School: _____

Courses Taken: _____ Completed Yes No Degree/Diploma: _____ Graduation Month/Year _____

Scholastic Honors Received: _____

Extracurricular Activities While in School: _____

PROFESSIONAL LICENSES and/or CERTIFICATION

TYPE	ORGANIZATION OR STATE OF ISSUE	DATE ISSUED	EXP. DATE	NUMBER	VERIFIED BY:

CONFIDENTIALITY STATEMENT

As an employee of this agency, I agree to the following:

- I will hold all patients’ medical information in confidence.
- I will not permit any unauthorized personnel to examine or make copies of any reports or documents that have any information concerning the current or discharged patient of the Agency.
- I will not release any therapeutically significant information given to me by the patient with the general public; however, I am obligated to share this information with the Agency.
- I agree that discussions related to a patient’s condition shall be limited to the “ therapeutic environment and not discussed in non-patient areas, i.e., halls, cafeteria, elevators, etc.”
- I understand that any breach in confidentiality including the confidentiality of medical information is subject to disciplinary action and or dismissal.

A therapeutic environment will be defined as a location within the patients’ home or within a conference setting at this agency.

EMPLOYMENT UNDERSTANDING

This agency does not discriminate in hiring or any other decisions on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give the agency the right to make a thorough investigation of my past employment and activities (including Criminal History Check and Employment Misconduct Registry Inquiry), and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporation supplying such information. I consent to take a physical examination, and such future physical examinations as may be required by the agency at such times and places as the agency shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential tasks I would be required to perform in my job duties.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, 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.

APPLICANT’S SIGNATURE _____

DATE _____



CRIMINAL BACKGROUND CHECK ACKNOWLEDGEMENT FOR EMPLOYMENT PURPOSES

I acknowledge that I will be undergoing a criminal background check. I further acknowledge that my employment is a conditional offer of employment contingent upon the results of the following procedures:

- Verification of required experience
- Verification of references
- Response from Criminal Background Check

I specifically understand and agree to undergo future substance (drug and alcohol) screening of my blood, urine, breath, saliva, or otherwise if:

1. There is a reason to believe that I am or have been impaired;
2. I am involved in a job related accident or incident;
3. I violate safety procedure; or
4. I am selected as a random test candidate.

I understand that I may be subject to further substance screening and/or face disciplinary actions unto and including termination of employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the company, to both conduct such screenings and provide the results to the company. I consent and release the company or any person affiliated with them, any such institution or person from liability thereof.

Employee Signature

Date

Employee Name (Please Print)

EMPLOYMENT HISTORY

List present or most recent position first.

Company: _____ Dates Employed: from _____ to _____
Address: _____
Supervisor: _____ Phone: _____
Position and Duties: _____
Starting salary _____ Ending salary _____
Reason for Leaving: _____

Company: _____ Dates Employed: from _____ to _____
Address: _____
Supervisor: _____ Phone: _____
Position and Duties: _____
Starting salary _____ Ending salary _____
Reason for Leaving: _____

Company: _____ Dates Employed: from _____ to _____
Address: _____
Supervisor: _____ Phone: _____
Position and Duties: _____
Starting salary _____ Ending salary _____
Reason for Leaving: _____

Company: _____ Dates Employed: from _____ to _____
Address: _____
Supervisor: _____ Phone: _____
Position and Duties: _____
Starting salary _____ Ending salary _____
Reason for Leaving: _____

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

List other names Used During Previous Employment: _____

EMPLOYMENT/PERSONAL REFERENCES

List three persons, not related to you, who can comment on your education and work experience.

1. Name: _____ Title/Occupation: _____

Address: _____ Phone/home/office: _____

2. Name: _____ Title/Occupation: _____

Address: _____ Phone/home/office: _____

3. Name: _____ Title/Occupation: _____

Address: _____ Phone/home/office: _____