

1623 W. New Hope Dr.

Cedar Park, TX 78613

512-259-3999 Business office

512-259-1179 Business office fax

NEWHOPEHR@GMAIL.COM Business Office Fax

Please deliver your application to the above address, fax or email.

## APPLICATION FOR EMPLOYMENT

### PLEASE CHECK ONE

Ш	Certified Nursing Assistant
	Nursing Assistant Class
	RN
	LVN
	Dietary
	House Keeping/Laundry
	Other



### New Hope Manor Application Instructions

Thank you for your interest in working at our facility, our people make us successful and the employment process is an important aspect of building our team. We appreciate your application and are glad you have shown an interest in joining our team. This sheet is for your information. Please remove it and keep for your reference.

Please complete the attached application and authorization for release of information form. Please print all information so it may be easily read. Be certain that each section is completely filled out and that you sign and date the application and the Release of Employment Records. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. Incomplete application will not be considered. As part of this application, you will be furnished a job description that will contain the essential functions of the job. If it has not been supplied to you, it is your responsibility to ask for one.

#### Please not the following:

THIS FACILITY DOES NOT SUBSCRIBE TO THE WORKERS COMPENSATION PROGRAM. WE HANDLE EMPLOYEE INJURIES THAT OCCUR ON THE JOB THROUGH OUR OWN MANAGED CARE APPROACH TO HEALTH BENEFITS. YOU WILL HAVE CERTAIN RESPONSIBILITIES IN THAT REGARD IF YOU ARE EMPLOYED AND WISH TO HAVE SUCH BENEFITS AVAILABLE TO YOU.

We will keep your application on file for 6 months. Should an appropriate opening occur, your application will be reviewed along with others. If you are among the most qualified applicants for a position, an interview will be arranged.

Employment decisions are made solely on the basis of qualification to perform the work for which you are applying. Qualifications include education, training, work experience and other factor which are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity Employers, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, pregnancy, physical or mental disability or age or age (as defined by law). State law requires that all applicants be subject to criminal investigation and a search of the employee misconduct registry, and the TDHS nurses aide registry to determine whether the applicant is designated in either registry as having abused, neglected, or exploited a resident of a facility before a final offer of employment.

We appreciate your cooperation.

# **Application for Employment**

DATE	

This employer does not discriminate in employment, treatment, admission or access to its programs or services on the basis of race, creed, color, national origin, age or handicap.

DO NOT WRITE IN	I THIS BOX
Department	•
Position	
Hours/Shift	
Base Hourly/Salary	
Shift Differential	
Starting Date	
Administrative Approval	
	· · · · · · · · · · · · · · · · · · ·

PERSONAL DATA & C	SENERAL INFO	RMATION	٧			
Name: (First)	(M.I.)		Last)		Social Secur	ity Number
·						
Current Address	CII	y/State	Zip	Code	Work Phone	
					Home Phone	
How Long at Above Address	Birt	hdate /	Are you known by any	other name?		•
		,				Ž
Person to Contact in Case of Em	ergency /	/ Address				Phone Number
	3,,	,			•	:
Family Physician		Address				Phone Number
ranny myoloidin		7.00.000				
Have you ever worked at this fac	cility before?		Do you have	transportation	to and from	work?
If yes, give dates	Y	es 🔲 No	Do you nave		No	
Give names of relatives or friend	s employed at this fac	ility:	•			
Give harnes of telacives of friend	3 cinpioyed at this fac	incy .				
Have you ever filed or been com	nensated for an injury	occurring on t	he joh? Tyes	No		
If yes, give details	periodica for all injury	occurring on a	,10,000.			
Are you legally able to work in the	a United States under	the Immigrati	on laws of the United	States?		
	· ·	are miningrae	on laws of the officed	Julius.		1
Yes No						•
·Have you ever been convicted of If yes, give details	a felony in the last se	ven years?	Yes No			
•	Park	<b></b>		Óthan		• .
How were you referred to this job Name of Newspaper	b? Employee	Agency	Vq.	Other		
Position Applying For		What other	jobs would you consi	der?	*	Salary Expected
		<u> </u>				
Hours Available To Work:	Day Shift Only	Evening	Shift Only	Night Shift On	ly	
Full Time Part	Time					
Education					. <u>n</u>	
Education		Date	Attended	Major Cou	raduate	Degree Received
Name	City/State	From	То		S. C.	
High School						•
College/University						
				•		
Technical, Business & Other -				•		and the second second
School						
List Professional Organizations/A	ssociations you belong	to:		Registry or Pi	rofessional Li	cense No
				Name of Stat	e	

, ,		Address	· City·	State	Zlp	Telephone
		- 1 - 1		;	. 4.	
		•				
Date Started	Date Ended	Job Title	Salary .	Immediat	e Supervisor	
Describe Work Perforn	ned			Re	ason for Leavii	
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Employer – Company		Address	City	State	Zip	Telephone
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Date Started	Date Ended	Job Title	Salary	Immediat	e Supervisor	
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READ CAREFUI	LLY AND SIGN					
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### **EMPLOYMENT PHYSICAL EXAMINATION**

I understand that I will not be refused employment on the basis of any handicap unless such handicap is reasonably related to my ability to adequately perform the job-related responsibilities for the position I am applying for.

The answers to the Medical Questionnaire are considered to be confidential.

Α.	Have y	ou'ever had or been troubled	with:	
	Yes	No  ☐ 1. Bronchitis ☐ 2. Shortness of Breath ☐ 3. Tightness of Chest ☐ 4. Emphysema ☐ 5. Tuberculosis ☐ 6. Asthma	Yes	No Yes No  1. A hernia 2. Epilepsy (not glasses) 3. Paralysis 4. Dizzy Spells 5. Ulcers 6. Colitis 7. Gout
	Yes	No  1. High Blood Pressure 2. Heart Trouble 3. Heart Attack 4. Heart Surgery 5. Stroke 6. Swelling of Ankles 7. Varicose Veins 8. Circulation or blood disorder 9. Diabetes 10. Blood clots		Yes No  1. Back trouble or pain on lifting 2. Back Injury or Back surgery 3. Injury to arm, shoulder, elbow, wrist 4. Surgery to arm, shoulder, elbow, wrist 5. Surgery to leg, hip, knee, ankle Yes No 1. Reaction to Oils 2. Reaction to Chemicals 1. Skin Rashes or Eczema
в.	Yes	frequently suffer from:  No  1. Headaches 2. Night Sweats 3. Indigestion 4. Dysuria  es answers, please explain	Yes	No  ☐ 5. Skin Problems ☐ 6. Allergies ☐ 7. Weight Loss/Gain ☐ 8. Dysmenhorrhea
C.		ou ever been hospitalized? Ye give dates and reason		

D. Are you now taking treatmen	•	INU		
(This information may be of	•			
If yes, what type of treatme	nt or medication:	·		<del>-</del>
				<del></del>
E. Please list all diseases, cond your back, stating the dat problems:	ditions, injuries, or probl e and cause of each d	ems which you hisease, condition	nave ever had with or injury and/o	h or
	• .			
F. Do you currently have any being able to perform fully a includes lifting, bending, store	III of the duties and tasks	associated with	employment which	n h
READ AND SIGN			,	
complete. I understand that fa sufficient cause for dismissal, a falsification available to it under	nd that the employer will			
Signature	<u> </u>		Date	-
Signature Printed Name of			Date	·
			Date	
	Applicant		Date	
Printed Name of	Applicant  Dy facility nurse)			-
Printed Name of Examination (to be completed by	Applicant  oy facility nurse)  mperaturePulse_			-
Printed Name of  Examination (to be completed to the dightTerm of the dight	Applicant  Dy facility nurse)  mperaturePulse _  in Test (date)	.Result(date)		
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Printed Name of  Examination (to be completed to the state of the stat	Applicant  Dy facility nurse)  ImperaturePulse _  In Test (date)	Result(date)	Date	

### NURSING ASSISTANT PRE-EMPLOYMENT QUESTIONNAIRE

	TY
ME _	DATE
1.	With what is a temperature taken?
2.	If you were preparing a bed and a resident signaled, would you (1) continue making beds and let the resident wait, (2) answer the resident's signal and finish the bed later, (3) other - specify.  Give a reason for your answer.
3.	What is a pulse?
	What are some of the duties of nursing assistants?
	1 3
	2 4
5.	If a resident is having trouble breathing, what would you do?
6.	Should a bed-ridden resident be moved or turned in bed?
	Yes No Give a reason for your answer.
7.	Why do you think it is necessary to collect urine and stool specimens?
8.	If a resident fell from a bed or wheel chair and was unconscious, what would you do
9.	Would you encourage a resident to help himself at an activity he was capable of performing or would you do it yourself because it was quicker and easier?
10.	Do you think it is important for a resident to be helped to be neat and clean?  Yes No Explain:
11.	. If you were notified to see the head nurse while feeding a resident, what would you do? (1) Finish feeding the resident. (2) See the nurse and finish feeding the resident (3) Other-specify.

13. Which do you consider to be more important? (1) To be efficient. (2) To show kindness and concern for the resident. Explain:					
14. To whom would you report an emergency?					
15. If you were not able to be on time or unable to report to work, what would you do?					
16. If you were shopping and a store clerk asked you about a resident's condition, what would you do?	•				
17. Why are you interested in becoming a nursing assistant?	_				
18. Following is an example of a weight scale:  26  22  22  At what weight is the arrow pointing?					
19. Following is an example of a thermometer after a resident's temperature has been taken:  96° 98° 100° 102° 104° 104° What temperature would be reported to the Charge Nurse for this resident?					
20. Answer the following basic mathematics problems: (you may use the bottom of this sheet for figuring if desired).  Addition: 56 ¼ 102 77 ¾ 220  +57 ½ + 79 ½ +85 110  90  + 240					

Subtraction: 175 143 <sup>3</sup>4 125 ½ - 35 ½ - 37 - 36

## DPS Computerized Criminal History (CCH) Verification (FACILITY COPY)

Ι,	, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)	· ·
history (CCH) verification check will be per	formed by accessing the Texas Department of Public
Safety Secure Website and will be based on	name and Date of Birth information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, New Hope Manor is not allowed to discuss <u>any</u> information obtained using this method, therefore New Hope Manor may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and New Hope Manor receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file at the facility. Required for future DPS Audits)

Signature of Applicant or Employee	Please: Check and Initial each Applicable Space		
	CCH Report Printed:		
Date	YESNO	Initial	
New Hope Manor Facility	Purpose of CCH:	_	
	Hire Not Hired	Initial	
New Hope Manor Representative Name (Please print)	Date Printed:	Initial	
	Destroyed Date:	Initial	
Signature of New Hope Manor Representative	Retain in your	· files	
Date		**************************************	