



APPLICATION FOR EMPLOYMENT

Date _____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Social Security # _____

Cell Phone Number _____ Date Available to Work _____

Present Address: _____
Street City State Zip

Prior Address (if less than 3 years) _____

Email address: _____

May we contact your present employer? Yes No

Shifts willing to work: (check all that apply)

<input type="checkbox"/> 7:00 AM – 7:00 PM	<input type="checkbox"/> Full Time
<input type="checkbox"/> 7:00 PM – 8:00 AM	<input type="checkbox"/> PRN
<input type="checkbox"/> 3:00 PM – 11:00 PM	
<input type="checkbox"/> 11:00 PM – 8:00 AM	

Are you willing to work overtime, holidays and weekends? Yes _____ No _____

Are you willing to work as a night-time caregiver? Yes _____ No _____

Have you ever been employed by Light Heart before? Yes _____ No _____

Referred by: _____ Eligible to work in United States? Yes No

List any friends or relatives working for us _____

Are you 18 years or older? Yes _____ No _____

Have you been convicted of a crime within the last five (5) years? Yes _____ No _____

(other than a traffic violation) (Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain:

Are there any experiences, skills, or qualifications which would qualify you for a position with our organization?

Do you possess any licenses? _____

Based on the list of Essential Functions of Caregivers listed on Page 5 of this application, are you able to perform the Essential Functions of a caregiver at Light Heart Memory Care? Yes No (circle one) _____ (initial)

RECORD OF EDUCATION

Type of school	Name & City/State of School	Number Years Completed	Graduate?	If so, what diploma/degree
High School				
Technical School				
College				

LIST PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT (last 10 years):

Name, Address & Phone # of Company / Type of Business	From		To		Describe The Work You Did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr					

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name / Address	Contact Info	Other Information
	Home Cell e-mail	Employer Name Work Phone
	Home Cell e-mail	Employer Name Work Phone

EMERGENCY CONTACTS

Name/Address	Contact Info	Other Information
	Home Cell e-mail	Employer Name Work Phone
	Home Cell e-mail	Employer Name Work Phone

Light Heart Memory Care (LHMC) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, LHMC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. LHMC expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of LHMC's employees to perform their job duties may result in discipline up to and including discharge.

PLEASE READ AND SIGN BELOW

I hereby certify that the facts set forth in my application for employment are true and complete to the best of my knowledge. I authorize LHMC to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I authorize LHMC to investigate my criminal background with Texas Department of Public Safety, and with DADS Employee Misconduct Registry, and the Texas Public Sex Offender Registry before making an offer of employment. I understand that any offer of employment is contingent upon receipt of a satisfactory reports concerning my background check and/or references. I further understand that any false information, misleading statements or omission of facts will be sufficient cause for rejection of my application if LHMC has not employed me and for immediate dismissal if LHMC has employed me. In the event of my employment with LHMC, I will comply with all rules, regulations and policies set forth in the training by LHMC or other communications distributed by LHMC. Further, I understand that I must immediately notify LHMC if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to any criminal offense, while my application is pending or during my tenure as an employee.

I understand that nothing in this employment application, in LHMC's policy statements or personnel guidelines, or in my communications with any LHMC official is intended to create an employment contract between LHMC and myself or for providing any benefit. I also understand that LHMC has the right to modify any of its policies at any time without giving notice of the changes to me. No promises of employment has been made to me. I acknowledge that in the event of my employment, it is for no definite period of time, and may regardless of the date of payment of my salary, be terminated at any time with the customary notice as prescribed by law either by myself or by LHMC without necessity on the part of either for showing special cause for termination.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant _____ Date _____

ESSENTIAL FUNCTIONS

These are the Essential Functions of both Day and Night Caregivers.

I certify and attest that I am able to perform these Essential Functions.

- Able to assist with resident Activities of Daily Living (ADL): assisting with bathing, dressing, grooming (including shaving), etc.
- Able to assist a resident who requires a one-man transfer
- Able to reposition residents from one position to another position (turning resident in bed)
- Able to position self to assist a resident who has fallen, if the resident is able to rise on their own
- Able to work in a team to perform a 2-person lift of person up to 190 pounds if a resident is unable to help themselves
- Able to arrive at work on time for every assigned shift
- Able to work overtime and/or extra shifts as requested in emergencies
- Able to read, write and comprehend English
- Able to read and understand very small print on medication labels as provided by pharmacies
- Able to follow Department of Aging and Disabilities Services (DADS) and Light Heart corporate rules and regulations
- Able to make a bed and vacuum floors
- Able to climb on a stool to change light bulbs and reach the top shelf of cabinets
- Able to read recipes and to cook for residents and guests
- Able to lead residents in daily activities as prescribed by management
- Able to work in a team environment without gossip and strife

Signature: _____

Date: _____

Print Name: _____

I.2

ANNUAL BACKGROUND CHECKS

Light Heart Memory Care performs the following background checks, both pre-employment and annually:

1. Criminal background, and
2. Texas Department of Aging and Disability Employee Misconduct Registry;
3. Texas Department of Aging and Disability Nurse Aide Misconduct Registry. (If applicable)

An employee will be terminated immediately if found to

1. Have been convicted of a crime as listed in Texas Health and Safety Code, Title 4, Chapter 250
2. Be listed on the Employee Misconduct Registry at Texas DADS
3. Be listed on the Nurse Aide Misconduct Registry at Texas DADS

In addition, Light Heart Memory Care will not employ a caregiver who has had a conviction for drugs, alcohol, or violence of any kind within the last five (5) years from the date of prospective employment. Each employee is required to report to management any arrest for drugs, alcohol, or violence during their employment with Light Heart Memory Care. Any such conviction or suspected abuse after the employee's hire date will be grounds for immediate dismissal.

By signing below, the caregiver acknowledges that each year Light Heart Memory Care will perform the above three background checks as a prerequisite for employment, as well for continued employment based on annual investigations.

Signature: _____ Date: _____

I.3

EMPLOYEE NOTICE OF BACKGROUND CHECK

Texas Dept Public Service CRIMINAL HISTORY
Texas Dept of Aging & Disability EMPLOYEE MISCONDUCT REGISTRY
State of Texas Sex Offender Registry

I, _____, am aware and agree that prior to an offer of employment to me by Light Heart Memory Care a background check will be performed with Texas Department of Public Safety Criminal History, with Texas Department of Aging & Disability Employee Misconduct Registry, and with the State of Texas Sex Offender Registry, using my name, drivers' license number, social security number and/or birth date.

I understand that if my name appears on any of the above-mentioned three (3) lists, I will not be employable at Light Heart Memory Care.

I understand that Light Heart Memory Care is required to conduct a criminal conviction check before an offer of employment can be extended to me and that Light Heart Memory Care will request a criminal conviction check on me.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

DATE OF BIRTH: _____

SOC SEC NO: _____

DRIVERS LIC NO: _____ State: _____ Expiration Date: _____

ATTACHMENTS: Copy of Driver's License
Copy of Social Security Card

Date TX DPS Checked: _____ Result: Employable Not Employable

Date Misconduct Registry Checked: _____ Result: Employable Not Employable

Date Sex Offender Registry Checked: _____ Result: Employable Not Employable

Signature of verifier: _____

Date: _____

I.4

NON-SMOKING POLICY

The use of tobacco products is strictly prohibited at all Light Heart Memory Care facilities, including cigarettes, “spit tobacco,” vapor devices, and e-cigarettes.

Signature: _____

Date: _____

I.5

CELL PHONE POLICY

Cell phones may only be used on company-authorized breaks and during the half-hour lunch period. All cell phone usage must be outside the building or in the garage (if available).

There is to be no personal cell phone usage while on duty for the complete shift.

Should a family member have an emergency, the appropriate number for the family member to call is the house phone. The appropriate behavior for the caregiver is to notify their partner there is a need to take a call. The caregiver must then walk to a private location (patio, bathroom) to take the call.

“Family member” is defined as children, spouses, siblings, parents, and/or grandparents.

Even with an emergency, the caregiver cannot leave the job until a replacement caregiver arrives. If a family emergency necessitates a caregiver leaving work, the caregiver must notify the Senior Manager and must wait for a replacement to arrive at the facility before leaving. If a replacement is not available, the caregiver must remain at the facility until the shift ends.

After 10:00 pm and before 6:00 am, night shift caregivers are allowed to use a cell phone as long as they do NOT use headphones/earbuds of any kind. Using a speakerphone is allowed as long as it doesn’t disturb residents.

Even with an emergency, the caregiver cannot leave the job until a replacement caregiver arrives. If a family emergency necessitates a caregiver leaving work, the caregiver must notify the Senior Manager and must wait for a replacement to arrive at the facility before leaving. If a replacement is not available, the caregiver must remain at the facility until the shift ends.

Signature: _____

Date: _____