

NOVA



Primary Home Care
(956) 626-3366

NOVA PRIMARY HOME CARE

711 N Sam Houston Blvd., San Benito, Tx 78586
(956) 626-3366 * (956) 626-1142 Fax

Employment Application (Equal Employment Opportunity Employer)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Other Phone: _____

Date of Birth: _____ Social Security No.: _____ E-mail Address: _____

Driver's License: _____ State: _____ License Number: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you received three or more traffic violations in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has your driver's license been suspended or revoked in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a crime involving the abuse, neglect or exploitation of a child or adult?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, please explain :

Employment Desired

Position: _____ Desired Salary: _____ Starting Salary: _____
Hours Preferred: Full time Part time Relief Temporary

Days/Times available: Mon _____ Tue _____ Wed _____
 Thu _____ Fri _____ Sat _____ Sun _____

Are you willing to work overtime if necessary? Yes No

How did you learn of this opening? _____

What cities/locations are you willing to work in? _____

Do you prefer to work with clients who are: Children Adults Seniors No Preference Office only



Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references. Do not list relatives. We will be contacting each reference listed.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

THANK YOU FOR YOUR INTEREST IN NOVA PRIMARY HOME CARE, LLC.

We are pleased that you are interested in becoming a member of our team. We are proud of our excellent reputation and the services we provide. We value diversity and want your work experience to be enjoyable. Therefore, to ensure a safe working environment and excellent services, we carefully screen the background of all applicants. This screening may include an oral interview as well as an investigation of your work history, driving record, application information and reference check.

NOVA PRIMARY HOME CARE, LLC. requires that an investigation of your background for any criminal conduct be completed upon conditional hire and annually thereafter. Some service areas may also require a screening for the use of illegal drugs.



APPLICANT DECLARATION OF UNDERSTANDING

- I understand that NOVA Primary Home Care, LLC., may conduct an investigation of the information I have noted on this application and, as part of that investigation, may contact prior employers and references, among others. I authorize NOVA Primary Home Care, LLC. to conduct this investigation and I release from all liability and hold harmless any person giving or receiving information about me relative to this investigation.
- I understand that any falsification, misrepresentation or omission of information discovered as a result of this investigation may prevent my being hired or if hired, may subject me to the immediate termination of my employment with NOVA Primary Home Care, LLC.
- I understand that this application process does not create an employment contract.
- I understand all employment at NOVA Primary Home Care, LLC., is “at-will.” This means, if NOVA Primary Home Care, LLC., employs me, my employment is not for a specified or definite period of time and that I may resign or be discharged from my position at any time, for any reason, with or without cause or prior notice.
- I understand that the “at-will” policy listed above cannot be changed or amended without a formal written employment agreement signed by me and by a member of the administration.
- I declare that I have never committed nor been charged or convicted of any act of abuse, neglect, exploitation, or fraud in relationship to a dependent/vulnerable child or adult, within the past 10 years.
- I declare that I have never knowingly violated any applicable rules or laws in any previous employment in a residential, healthcare or similarly related employment.
- I declare that I have never been excluded by the Office of Inspector General from participating in the Medicaid or Medicare programs.

BY SIGNING THIS APPLICATION, I AGREE THAT I HAVE READ AND UNDERSTAND THE DECLARATIONS LISTED ABOVE AND I ASSERT THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE.

Signature: _____ Date: _____

