



Valley Family Limited Ltd.

1514 S. 77 Sunshine Strip, Ste. 25
Harlingen, TX 78550

Application for Employment

Employment applications will remain valid for 90 days.
Applicants must reapply in order to be considered for employment after this time period.

Last Name		First Name		Middle Name	
Social Security Number			Application date		
Street Address		City	State	Zip Code	
Telephone Number		Cell Phone Number		Other Number	
()		()		()	
Position Applying For:					
You are seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)					
You are seeking: <input type="checkbox"/> Day shift <input type="checkbox"/> Evening shift <input type="checkbox"/> Overnight shift <input type="checkbox"/> Any shift					
Date you are available for work:					
Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes" list the dates of employment, location, and job title in the Employment section.					
Do you have relatives working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "yes" list name(s) and relationship:					
EDUCATION					
High school diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No					
College degree <input type="checkbox"/> Yes <input type="checkbox"/> No Field of study:					



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Employment History

List employment history beginning with your most current employer

Employer:		
Employer address:		
Employment dates:	Start date:	End date:
Supervisor:		Phone :
Reason for leaving:		
Job title:		
Job duties:		
Employer:		
Employer address:		
Employment dates:	Start date:	End date:
Supervisor:		
Reason for leaving:		
Job title:		
Job duties:		



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Employer address:		
Employment dates:	Start date:	End date:
Supervisor:		Phone :
Reason for leaving:		
Job title:		
Job duties:		
Employer:		
Employer address:		
Employment dates:	Start date:	End date:
Supervisor:		
Reason for leaving:		
Job title:		
Job duties:		

May we inquire with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Trainings

Valley Family Limited is an Equal Opportunity Employer and complies with all federal and state laws which prohibit discrimination.

Do you have a current First Aid certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When/where was the course taken?		
Do you have a current CPR certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When/where was the course taken?		
Have you taken a restraint course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When/where was the course taken?		

REFERENCES

Provide the following information for 3 references (not related to you):

1.		
	Name	Telephone Number
		Years known
2.		
	Name	Telephone Number
		Years known
3.		
	Name	Telephone Number
		Years known



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Background Inquiry Release

I.- In connection with my application for employment (including contract for services) with the above named company or individual, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers compensation inquiries, driving record, court record, education, credentials and references.

II.- Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the names and address of the agency of the source, which provided the information.

III.- I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV.- I hereby authorize, without reservation, any law enforcement agency, institution, service bureau, school, employer, reference or Insurance Company contracted by Valley Family Limited Ltd., to furnish the information described in Section I.

I understand that the following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Print clearly all information

(please provide middle name if there is one)

Name: Last _____ First _____ Middle _____

Print all other names used (including maiden name, previous married name/s):

Social Security # _____ Date of birth: _____ Sex: _____ Race: _____

Drivers License No.: _____ State where license was issued: _____

Name as appears on drivers license: _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Applicant's signature: _____ Date: _____

List all previous addresses for the last 7 seven years. (Address, City, State, Zip code, County)



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Employee Nurse Aide and Misconduct Registry Statement Form

I.- My name is _____ On this date _____
I have applied for employment with Valley Family Limited, 1514 S. 77 Sunshine Strip, suite 25 Harlingen, Tx. 78550.

Applicant must check off "A" or "B" below to be considered for employment with Valley Family Limited.

A.- I am a Certified Nurses Aid, and have supplied the following documentation of my Nurse Aid Certification or non/certification Certification # _____, Current Standing: _____
If applicable, reason for de-certification or revocation of certificate and date : _____
Provided a copy of certification to Valley Family Limited

Yes No

B.- I am not currently, nor have I ever been a Certified Nurse Aid.

Applicant must check off "C" or "D" below to be considered for employment with Valley Family Limited.

C.- To the best of my knowledge my name is not included in the Employee Misconduct Registry maintained by the Texas Department Of Human Services.

D.- My name is included in the Employee Misconduct Registry by the Texas Department of Human Services. Accordingly, I understand that I am not eligible for employment with Valley Family Limited

II.- I fully understand that a verification of the above information will be conducted by Valley Family Limited, and that any misrepresentation on my part will be grounds for NON CONSIDERATION of my application for employment. You, the applicant, have the right to appeal any adverse findings by contacting the Texas Department of Human Service-Appeals Coordinator, Investigation Section. Your right to appeal has certain time limitation and Valley Family Limited, WILL NOT consider your application for employment until such time we receive information from TDHS, which permits us to consider your employability with our company. Our only obligation is to inform you that the registry maintained by TDHS has listed you as non-employable with our company. We will not pursue any other efforts to verify such information

Applicant's name and signature: _____ Date: _____

Witness name and signature: _____ Date: _____



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Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report (background check) on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on a separate document.

By your signature below, you hereby authorized us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:

Valley Family Limited

1514 S. 77 Sunshine Strip, Ste. 25
Harlingen, Texas 78550

Please print clearly all information

Applicant's Name: Last _____ First _____ Middle _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____

Applicant's signature: _____ Date: _____



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Motor Vehicle Record Release

I, _____ authorize Valley Family Limited, Ltd.
Employee Name

and its insurance carrier to seek and review my Motor Vehicle Record in consideration of my application for possible employment with Valley Family Limited, Ltd.

I also authorize periodic and annual reviews of this same information should Valley Family Limited, Ltd. employ me.

Please print clearly all information

Social Security Number: _____

Drivers License Number: _____

Expiration Date: _____

State where license was issued: _____

Date of birth: _____

Applicant's signature: _____ Date: _____