Triad Pediatric Home Health
Application

Today's Date: ______________

Personal Data

Email Address: ____________________________________

Last Name	First Name	Middle	SSN

Home Address	City	State	Zip

Home Phone	Cell Phone

Emergency Contact Information

Name of Emergency Contact	Relation	Emergency Telephone Number

Job Information

Position (Job Class) Applying for:

☐ PT ☐ PTA ☐ OT ☐ COTA ☐ SLP ☐ STA ☐ Clerical ☐Other ____________ Date Available: ___________

Check the days of the week you are available to work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Holidays available to work: ____

Previous Facility Types Worked: Check All That Apply –

☐ Hospital ☐ Hospice ☐ Nursing Home ☐ Rehab ☐ Home Health ☐ Assisted Living / Residential Treatment

Language Skills: **Other than English, please check any other languages you speak –**	**Check the type of assignment you are available for:**
☐ Spanish ☐ French ☐ German ☐ Other: __________	☐ Full-time ☐ Part-time ☐ Contract ☐ Travel

License Type	License/Certification #	State	Expiration Date

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Has your professional license ever been suspended, revoked or under investigation? ☐ Yes ☐ No
If Yes, Please explain: ____

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Work Experience/Skills

Please list all Pediatric experience and skills you would like for us to consider with your job application along with the number of years you have experience and areas you are clinically competent to work:

Please list all other experience and skills you would like for us to consider along with the number of years you have experience and the areas you are clinically competent to work:

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name	Date Employed From: ________________ To: _______________
Address	Title
City/State/Zip Country	Unit
Number of Beds in Unit: ________________ In Hospital: ___________________	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly ________ Yearly __________	May We Contact: ☐ Yes ☐ No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? ☐ No ☐ Yes If yes, what name?	Supervisory Experience: ☐ Yes ☐ No – How often?

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Certifications: Check all applicable certifications and enter expiration date:

CPR Expiration Date: _______________ __________ Expiration Date:_______________

PALS Expiration Date: _______________ ___________ Expiration Date: _______________

________ Expiration Date: _______________ ___________ Expiration Date: _______________

________ Expiration Date: _______________ __________ Expiration Date: _______________

________ Expiration Date: _______________ ___________ Expiration Date: _______________

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Additional Information:

1. Are you legally authorized to work in the USA? ☐ Yes ☐ No
2. Have you ever been convicted of a felony? ☐ Yes ☐ No
3. Can you pass a pre-employment drug test? ☐ Yes ☐ No
4. How were you referred to Triad Pediatric Home Health?
   ☐ Newspaper ☐ Trade Publication ☐ Job Fair/Open House ☐ Internet Site
   ☐ Company Employee – Name: ____

I understand that **I must** report all accidents to my immediate supervisor **and** to Triad Pediatric Home Health - - No MATTER HOW SLIGHT. ☐ Yes

I also understand that I must comply with all required Infection control policy and procedures. ☐ Yes
The penalty for not complying with Infection control policy is disciplinary action, up to and including termination.

____
Signature (if filling out electronically, signature must be digital or certified)

ACKNOWLEDGMENT (*Please read carefully and sign*)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Triad Pediatric Home Health permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Triad Pediatric Home Health with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Triad Pediatric Home Health may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Triad Pediatric Home Health, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information. This agency will check both the employee misconduct registry (EMR) maintained by DADS and the Office of Inspector General (OIG) exclusions database as required by TAC 93.3 and Chapter 253, Texas Health and Safety Code and Agency policy.

In consideration of my employment and of my being considered for employment by Triad Pediatric Home Health, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Triad Pediatric Home Health or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Triad Pediatric Home Health, at any time, can constitute a contract of employment. No representative or agent of Triad Pediatric Home Health, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Triad Pediatric Home Health is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Triad Pediatric Home Health against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

This Agency is an Equal Opportunity Employer. I also understand that this Agency is an at-will employer and employees should understand that employment is not offered, contracted, or promised for any specific length of time.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature ____ Date ____________________
(if filling out electronically, signature must be digital or certified)