



Application for Employment

N2 Care Services Inc.
9119 S Gessner Dr Houston, Texas 77074
Email: admin@n2careservices.com
Office: (832) 375 9718 Fax: (281) 596 4441

EXCELLENCE IN CARE

(PLEASE PRINT)

Date of Application \_\_\_/\_\_\_/\_\_\_

Position (s) applied for: \_\_\_\_\_

Referral Source: [ ] Advertisement [ ] Friend [ ] Relative [ ] Walk-In [ ] Employment Agency

[ ] Other \_\_\_\_\_

Name Last First Middle

Address: Number Street City State Zip Code

Home Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security Number: \_\_\_/\_\_\_/\_\_\_

Are you 18 years or older? Yes No

Have you ever applied with this company before? Yes No When: \_\_\_/\_\_\_/\_\_\_

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration?

Status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_/\_\_\_/\_\_\_

Are you available to work Full Part-Time Shift Work Temporary?

Are you on a lay-off and subject to recall Yes No?

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Have you ever been employed under another name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please enter any names you have used \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list branch of service and year of duty.

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain?

\_\_\_\_\_

\_\_\_\_\_

Have you worked for N2 Care Services before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, who was your supervisor? \_\_\_\_\_

Indicate languages you speak, read and / or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special skill and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate below the days and hours that you are available to work:**

DAYS	HOURS
<b>Sunday</b>	
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	

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Give name, address and telephone number of three references that are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE #

**EDUCATION:**

	High School	College/University	Graduate/Profession
School Name			
Years Completed			
Year Received Diploma/Degree			
Course of Study			
Describe Specialize Training, Apprenticeship, Skills/Extra Curricular Activities			
Honors Received			

**AN EQUAL OPPORTUNITY EMPLOYER**



## **Notice to Prospective Employees**

N2 Care Service is an Equal Opportunity Employer and complies with all Federal and State Laws pertaining to employment. N2 Care Services is committed to Affirmative Action and has an Affirmative Action Plan.

The Health And Safety Code Section 533.007, allows this agency to check conviction records on applicants. Certain convictions may make you ineligible for employment. Other convictions that are an absolute bar to employment are: Abandoning or endangering a child, aiding suicide, agreement to abduct from custody, aggravated assault, aggravated robbery, arson, criminal homicide, and indecency with a child, injury to a child, elderly individual or disabled individual, kidnapping and false imprisonment, robbery, sale of purchase of child and sexual assault. N2 Care Services will also check the background of all applicants to determine if the applicant has confirmed allegation of abuse, neglect or exploitation and will not hire anyone with a confirmed allegation. For insurance purposes, driving records will be checked on all employees to determine insurability.

### **APPLICANT STATEMENT**

By submitting this application, I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. N2 Care Services has my permission to complete driver's license, criminal history, abuse, neglect and exploitation background checks. I understand that this application is not intended to be a contract of employment.

I understand that I am required to abide by all rules and regulation of N2Care Services. I further understand that if hired, I must report all past and future arrest records and/or driving violations to Human Resources Services immediately as they occur. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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Signature of Applicant

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Date

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**CRIMINAL HISTORY AFFIDAVIT**

My name is \_\_\_\_\_, I am over the age of 18 years, and I am competent to make this Affidavit.

I have not been convicted of any of the following offenses:

An offense under Chapter 19, of the Texas Penal Code (criminal homicide).

An offense under Chapter 20, of the Texas Penal Code (kidnapping and false imprisonment).

An offense under section 21.11, of the Texas Penal Code (indecent with a child).

An offense under section 25.031, of the Texas Penal Code (agreement of abduct from custody).

An offense under section 25.06, of the Texas Penal Code (solicitation of a child).

An offense under section 25.11, of the Texas Penal Code (sale or purchase of a child).

An offense under section 28.02, of the Texas Penal Code (arson).

An offense under section 29.02, of the Texas Penal Code (robbery).

An offense under section 29.03, of the Texas Penal Code (aggravated robbery).

Further the Affidavit sayeth not.

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Signature of Applicant

---

Date

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An offense under section 29.02, of the Texas Penal Code (robbery).

An offense under section 29.03, of the Texas Penal Code (aggravated robbery).

An offense under section 21.08, of the Texas Penal Code (Indecent exposure).

An offense under section 21.12, of the Texas Penal Code (Improper relationship between educator and student).

An offense under section 21.15, of the Texas Penal Code (Improper photography or visual recording).

An offense under section 22.05, of the Texas Penal Code (deadly conduct).

An offense under section 22.021, of the Texas Penal Code (aggravated sexual assault).

An offense under section 22.07, of the Texas Penal Code (terroristic threat).

An offense under section 33.021, of the Texas Penal Code (online solicitation of a minor).

An offense under section 34.02, of the Texas Penal Code (money laundering).

An offense under section 35A.02, of the Texas Penal Code (Medicaid Fraud)

An offense under section 42.09, of the Texas Penal Code (cruelty to animals).

A conviction under the law of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection.

Further the Affidavit sayeth not.

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Signature of Applicant

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Date

**AN EQUAL OPPORTUNITY EMPLOYER**





## Employment Applicant's Release of Employment Records

I, \_\_\_\_\_, hereby authorize N2 Care Services to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my present and past employers, whenever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

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### Criminal History Check

I authorize N2Care Services to do a criminal history check per policy of the Texas Department of Human Services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## **PROHIBITION OF FRAUD AND ABUSE**

**POLICY:** No employees, contractors, Home and Community Based Services Agency will commit an offense prohibited under Federal and State Code Section.

**PURPOSE:** To clarify policy regarding fraud and abuse.

**PROCEDURE:** Fraud and Abuse committed by any Healthcare Provider, Contractor, Agency or employees will be prosecuted under State and Federal Laws.

Fraud is defined as making false statements or representation of materials facts in order to obtain some benefits or payment for which no entitlement act would otherwise exist.

Some examples of Fraud include but are not limited to the following.

- a. Billing for service that were not furnished and / or supplies not provided.
- b. Altering claim forms and / or receipts in order to receive a higher payment amount
- c. Duplicating billing that includes billing both Medicare program and the beneficial, Medicaid or some other insurer in an effort to receive payment greater than allowed.
- d. Offering paying, soliciting, or receiving bribes, kickbacks, or rebates, directly or indirectly in cash or in kind, in order to induce referrals.
- e. Falsifying the nature of the services furnished. This comprises of describing a covered service in a misleading way that it appears as if a covered service was actually furnished.
- f. Completing certificate of medical necessity for clients not personally and professionally known by the Provider.
- g. Using the adjustment payment process to generate fraudulent payments.
- h. Completing a prohibited certificate of medical necessity by suppliers.
- i. Billing procedures over a period of days when all treatment / services occurred during the visit (e.g. split billing schemes).

### **Definition and examples of Abuse**

Any practice that occurs either directly or indirectly resulting in unnecessary cost to the Medicaid Program.

The following are standards set by Medicare:

- a. **Medically Necessary:**
- b. **Conform to professionally recognized standard:**
- c. **And provided at a fair price.**

I hereby acknowledge that I have read and understood this document and that if I commit any of the offences listed above will result in Federal and State offense and will face indictment. This offense will also result in disciplinary action up to and including dismissal.

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**Employee Signature**

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**Date**

# LETTER OF REFERENCE

**PLEASE HAVE YOUR REFERENCE COMPLETE THIS LETTER OF REFERENCE FOR YOU:**

**COMPLETE**

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

I am writing to recommend \_\_\_\_\_

I have known him / her \_\_\_\_\_ years.

He / She is capable of providing a safe and healthy environment for the clients or individuals being served.

For further information, I can be reached at: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**N2CARE SERVICES INC POLICY AND PROCEDURES REPORTING ABUSE, NEGLECT AND EXPLOITATION TRAINING**

**PURPOSE:** N2Care Services objective is to ensure the physical and emotional well-being of persons receiving services. Any staff, volunteer, consultant and/or contractor of N2Care Services who has knowledge or is aware of abuse / neglect and exploitation occurring is required to report it according to this procedure.

**DEFINITIONS**

***Abuse is defined as:***

1. Any act or failure to act or perform knowingly, recklessly, or intentionally, including incitement to act which caused or may have caused physical injury or death to a person served.
2. Any act of unnecessary force, inappropriate or excessive force or corporal punishment, regardless of whether the act results in an injury to the person served.
3. Use of chemical or bodily restraints not in compliance with Federal and State laws and regulations.
4. Any sexual contact, including verbal advances or sexual exploitation; or
5. Any act or use of verbal or other communication including gestures to curse, vilify, or degrade a person served or threaten with physical or emotional harm.

***Neglect is defined as:***

1. Any neglect act or omission by any individual responsible for providing services, which caused or may have caused physical or emotional injury or death to an individual served or which placed the individual served at risk or physical or emotional injury or death.
2. An act or omission such as the failure to establish or carry out an appropriate individual program plan or treatment plan for the person served.
3. The failure to provide adequate nutrition, clothing, or health care to a person served in a residential program; or
4. The failure to provide a safe environment for a person served, including the failure to maintain adequate numbers of appropriately trained staff.

***Exploitation is defined as:***

1. The illegal or improper act or process of using the resources of a person served for monetary or personal benefit, profit or gain.
2. All persons who have reason to believe abuse, neglect or exploitation had occurred, will ensure that they report within the hour that the event occurred or where the witness learned of the event, to

***Texas Department of Protective and Regulatory Services  
1-800-647-7418***

3. Failure to make such reports within the allotted time period without sufficient justification may be considered in violation and subject the staff to disciplinary action.

I have been trained on the above.

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Signature

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Date

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**EMPLOYEE MISCONDUCT REGISTRY SEARCH**

**EMPLOYEE'S NAME:** \_\_\_\_\_

**DATE SEARCHED:** \_\_\_\_\_

**RESULT OF SEARCH:** \_\_\_\_\_

**NURSE AID REGISTRY SEARCH:** \_\_\_\_\_

**DATE SEARCHED:** \_\_\_\_\_

**RESULT OF SEARCH:** \_\_\_\_\_

**ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1-832-859-8777**

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## NEW HIRE OREIENTATION

DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

TRAINING: *4 Hours of orientation prior to assuming job*

TRAINER: \_\_\_\_\_

### TOPICS COVERED:

- i. Reporting abuse, exploitation, and neglect.
- ii. Confidentiality of resident information.
- iii. Universal precautions.
- iv. Conditions about which to notify the manager.
- v. Residents' Rights.
- vi. Emergency and Evacuation Procedures.

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Signature

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Date

# Written Evaluation Waiver Programs

Employee's Name: \_\_\_\_\_

*(To Be Completed by Employee)*

**1. Explain the Philosophy of the appropriate program:**

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**2. Please list your participate job responsibilities:**

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**3. If a problem of a medical nature occurs during your work shift, explain action you would follow:**

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**4. If someone does not show up for his or her assigned shift, explain the procedure you will follow:**

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**5. Explain what is meant by “Consumer Confidentiality”:**

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**6. What should you do if a consumer does not like the food you have prepared?**

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**7. Define “Consumer Abuse”:**

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**8. What are you obligated to do if you observe anyone abusing a client in the program, including neglect?**

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**9. As a caregiver, how can you show respect / give dignity to the consumers you serve?**

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**PROFICIENCY EVALUATION WAIVER PROGRAMS**

**NAME:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

**Please provide three names of personal references that may be contacted:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

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## EMERGENCY CONTACT PERSONS

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please provide three names of emergency personal that may be contacted:**

---

**Name**

---

**Address**

---

**Phone Number**

---

**Name**

---

**Address**

---

**Phone Number**

---

**Name**

---

**Address**

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**Phone Number**