



Lifetime Living, Inc.

Application For Employment/Contract Services

ALL POTENTIAL STAFF ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS. APPLICANTS MUST BE 18 YEARS OF AGE OR OLDER.

Position Sought: _____
How did you learn about the position? _____

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Other Phone _____ Email _____
Date of Birth _____ Social Security Number _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____
Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No
Have

you ever been convicted of a crime, plead guilty or no contest to a crime, or received deferred adjudication for any offense? If so, please explain. [A criminal conviction record must be verified before an offer for hire, may be made to an applicant.]? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position previously? [] Yes [] No
If yes, please describe circumstances: _____

If selected for hire, are you willing to submit to a pre-hire drug screening test? [] Yes [] No

EDUCATION				
School Name	City/State	Years Attended	Degree Received	Major/Minor
SPECIALIZED TRAINING				
Type	Yes, if so when?		No	
CPR				
First Aid				
Medication Monitoring				
Aggressive Behavior/PMAB				
Dietary				
Special Needs				

Other training, certifications, or licenses held: _____

List other information pertinent to the position you are seeking: _____



Lifetime Living, Inc.

Application For Employment/Contract Services

JOB HISTORY

(Begin with most recent)

1. Company _____
 Date Hired _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

2. Company _____
 Date Hired _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

3. Company _____
 Date Hired _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

4. Company _____
 Date Hired _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

REFERENCES – Must list 3 Professional (Written reference required if applicant does not have High School Diploma/GED)

<u>Name</u>	<u>Company/Address</u>	<u>Contact Number</u>

REFERENCES – Must list 3 Personal (Non-Related)

<u>Name</u>	<u>Address</u>	<u>Contact Number</u>



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Application For Employment/Contract Services

PERSON PROFILE

1. Describe any experiences you have had working with individuals with special needs. If you have not had any experiences (it is not a requirement), please explain your desire to do so.

2. What is your philosophy regarding working with individuals with disabilities?

3. What personal qualities and/or skills would you bring to the position you are applying for?

4. The positions at Lifetime Living, Inc. include transferring (lifting up to 70 lbs.), strenuous activities, and long hours. Do you have any physical, psychological, or medical conditions that would limit your job performance for the position in which you are applying?

5. What are some of your hobbies or interests?

6. Is there anything else that you would like to add?



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Application For Employment/Contract Services

ACKNOWLEDGMENT

I understand that due to Texas State licensing requirements and Lifetime Living, Inc. company policy, all applicants for hire must:

- Undergo a criminal history check
- Be checked against the nurse's aide registry at the Texas Department of Human Services (DHS)
- Be checked against the employee misconduct registry at DHS
- Undergo an investigation of individual driving record by our company's insurance carrier

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for hire, as this may be necessary in arriving at a decision for acceptance for hire with Lifetime Living, Inc.

This application for hire shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for hire beyond this time period should inquire as to whether or not applications are still being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any work relationship with Lifetime Living, Inc. is of an "at will" nature, which means that the Staff Member may resign at any time and Lifetime Living, Inc. may discharge the Staff Member at any time with or without cause. It is further understood that this "at will" work relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Lifetime Living, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Lifetime Living, Inc., its staff, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character and general reputation. In addition, I further authorize investigations of the following:

Education: I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

Work History: I authorize all formal and current employers to release any and all information regarding my employment history. This includes all information contained in my personal file, salary, history, condemnations and all other pertinent information. I further authorize my supervisor and other work associates.

Authorization to release: I authorize custodians of the records of and agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of Lifetime Living, Inc. I understand that any and all of these investigations or inquiries can be from prior employment.



Lifetime Living, Inc.

Application For Employment/Contract Services

Re-disclosure: I understand that the information requested is for the use by Lifetime Living, Inc. and may be re-disclosed only as authorized by law. I understand that I have a right to request from Lifetime Living, Inc. a written disclosure of the nature and scope of the investigation conducted that I understand above.

Indemnification: I indemnify, release and hold harmless Lifetime Living, Inc., any agents of Lifetime Living, Inc., or others reporting to or for Lifetime Living, Inc., any investigators, all formal employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to such investigations, disclosures, or admissions.

Signature: Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

I hereby certify that the facts set forth are true and complete to the best of my knowledge. I understand that if hired, falsified statements on this form shall be considered sufficient cause for dismissal. If hired, I agree to abide by Lifetime Living, Inc. policies and procedures.

Signature

Date

Please submit completed application by mail, drop-off, email or fax:

Lifetime Living, Inc.
Attn: Human Resources
5425 N. Loop 1604 E.
San Antonio, Texas 78247

Tel: 210-651-0279
Fax: 210-651-4579
Email:
dalinda.daniels@gmail.com

Office Use Only:

Comments:

Hire Date: _____

Staff ID#: _____



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Application For Employment/Contract Services

Emergency Information

Personal Information	
First name	
Last name	
Home phone	
Cellular phone	
Birth date	
Medical Information	
Primary Care Physician	
Address	
Phone Number	
Preferred Hospital	
Medical conditions	
Allergies	
Current medications	
Emergency Contact Information	
Emergency Contact's Name	
Relationship	
Address	
Home Phone	
Cellular Phone	
Work Phone	

Staff Signature

Date

Supervisor Signature

Date



Lifetime Living, Inc.

Application For Employment/Contract Services

Confidentiality Affidavit

In general, information concerning consumers may be released only with the written consent of the individual, the legal guardian, the parent of a minor individual, or by an appropriate order of court of competent jurisdiction.

Records containing information about an individual's identity, diagnosis, prognosis, and treatments are strictly confidential. As a Lifetime Living, Inc. provider, I understand that as required by federal law, and rules of the Department of Aging and Disability Services, I am legally bound to maintain the confidentiality of all individuals to whom Lifetime Living, Inc. provides services I may have privileged access to records or information.

I am aware that if I violate the confidentiality of any individual to whom Lifetime Living, Inc. provides services past or present, I face a full range of disciplinary actions, up to and including termination from employment. Additionally, I understand that I may be prosecuted should any breach of confidentiality result in criminal charges. I recognize that the provisions of Texas state laws continue to apply following the termination of my employment or contractual relationship with Lifetime Living, Inc.

I hereby understand that by signing this legal form, I acknowledge and agree to abide by policy of confidentiality of Lifetime Living, Inc. pertaining to client information.

Employee/Contractor Signature

Date

Employee/Contractor Printed Name



Lifetime Living, Inc.

Application For Employment/Contract Services

Lifetime Living, Inc.
5425 N. Loop 1604 E.
San Antonio, Texas 78247

NOTIFICATION

To: HCS/TxHmL Employees and Contractors

From: Dalinda Daniels, Program Director

Re: Home and Community- Based Services (HCS)/
Texas Home Living (TxHmL) Program Process for
Eliciting Complaints

The program principals governing the HCS/TxHmL programs require that Lifetime Living, Inc. publicize and make available our process for eliciting complaints.

Any complaints or grievances about Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) by Lifetime Living, Inc., its employees or contractors may be made by calling or submitting a written complaint to:

Lifetime Living, Inc.

5425 N. Loop 1604 E

San Antonio, Texas 78247

Dalinda Daniels, Program Director

Gary Alexander, President

210- 651-0279

Or

If resolution of the complaint is unsatisfactory, call Department of Aging and Disability Services (DADS) at 1-800-458-9858.

Signature

Date



Policy and Procedures Receipt

Abuse, Neglect, and Exploitation

Texas Department of Family and Protective Services

Toll-Free Number 1-800-647-7418

Lifetime Living, Inc.

Dalinda Daniels, Program Director

Telephone Number 210-651-0279 ext 113

I have received a copy of Policies and Procedures on Abuse, Neglect and Exploitation which include the above important telephone numbers.

Printed Name of Employee/Contractor

Signature of Employee/Contractor

Date



Health Insurance Portability And Accountability Act (HIPAA) Affidavit

I hereby understand that by signing this legal form, I acknowledge receipt of the HIPAA Privacy Notice booklet and agree to abide by the HIPAA Policy of Lifetime Living, Inc. pertaining to client information.

Employee/Contractor Signature

Date

Employee/Contractor Printed Name



Lifetime Living, Inc.

Application For Employment/Contract Services

LVN/RN NOTIFICATION POLICY

The following policy is intended to ensure the health, safety, and well-being of all Lifetime Living Individuals. As an employee/contractor of Lifetime Living, you must abide by this policy. Below, you will find a list of recommended times/events when you must notify Lifetime Living's LVN/RN. If you have a concern that is not outlined below, please notify our LVN/RN for further clarification and/or instructions. Lifetime Living's LVN can and will handle all



Lifetime Living, Inc.

Application For Employment/Contract Services

notifications to individuals' physicians as needed. In the case of an emergency, please call 911.

1. Individual has an oral temperature above (↑) 101.5° F
2. Individual eats less than (↓) 50% of meals for 3 days in a row
3. Individual has had no bowel movements for 2 days in a row
4. Individual has or is experiencing episodes of shortness of breath
5. Individual is experiencing any type of bleeding (except for normal menstrual cycles for females)
6. Individual is experiencing inability or refusal to take medication(s)
7. Individual is experiencing any kind of pain
8. Individual is experiencing a sore throat or has noted mouth sores
9. Individual is experiencing any changes in skin (increased (↑) dryness, redness, easy bruising, swelling, rash or sores)
10. Individual is experiencing any changes in color or consistency of bowel movements (increased (↑) volume or frequency)
11. Individual is experiencing a persistent cough
12. Individual is experiencing decreased (↓) energy
13. Individual is experiencing any type of seizure activity
14. Individual is experiencing any vomiting or diarrhea
15. Individual is involved in an incident/accident where he/she ends up with a cut/scrape/bruise or other sort of injury.

ACKNOWLEDGEMENT OF LVN/RN NOTIFICATION POLICY

I have received a copy of the Lifetime Living, Inc. policy for notifying Lifetime's LVN/RN. This policy was explained to me in terms I may understand. I am also aware that if at any time I need further explanation or another copy of this policy, I can make that request to Lifetime Living, Inc., and it will be provided to me.



Lifetime Living, Inc.

Application For Employment/Contract Services

Employee/Contractor Printed Name

Date

Employee/Contractor Signature

Date

Signature of Lifetime Living, Inc. Representative

Date
