



Nuevo Hogar Home Care Providers

1031 E. Rio Grande, EL PASO TX, 79902

Tel: (915) 584-2429 Fax: (915) 584-1114

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status.

Applicant Information

Position

Applied for: _____ Date of filling: _____

Full Name: _____ DOB: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐

	YES	NO	
Have you ever worked for this company?	☐	☐	If yes, when? _____

	YES	NO
Have you ever been convicted of a felony?	☐	☐

If yes, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Education				
	Elementary School	Middle School	High School	College/University
School Name and Location:				
Years Completed:				
Describe Courses of Study:				
Indicate any foreign languages you can speak/read and/or write				
	Fluent	Good	Fair	
Speak				
Read & write				

References

Please list two professional references.

Full Name: _____ Relationship: _____
 Occupation: _____ Phone: _____

Full Name: _____ Relationship: _____
 Occupation: _____ Phone: _____

Applicant Statement

I certify that my answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Nuevo Hogar Home Care Providers, through its Alcohol and Drug Abuse Policy, prohibits the use, possession, manufacture, distribution, dispensation or sale of illegal drugs, drug paraphernalia, controlled substances and alcohol on NHHCP premises or client's home, while on Agency business, while on call or during working hours. The policy also requires all applicants offered employment to be tested for drug or alcohol use. Drug and alcohol testing of current employees is required in other circumstances. Violations of NHHCP Alcohol and Drug Abuse Policy can result in referral to rehabilitation, termination of employment, report to appropriate licensing agency and other actions as warranted.

*I certify and affirm that I have not been nor am I currently under investigation or under sanctions or restrictions for any activity relating to fraud, abuse or waste. I give consent to a drug test (if hired) and I understand that, if I do not consent or do not pass the drug test, the offer for employment is withdrawn or employment can/will be terminated. I certify that I am aware and consent to NHHCP performing a criminal history check. I certify that I am aware of the requirement for and consent to NHHCP performing a search of the Employee Misconduct & Nurse Aide Registry, the OIG Exclusion Data and performing a driving record check at time of hire and annually thereafter for as long as I remain an employee of **Nuevo Hogar Home Care Providers**.*

Signature: _____ Date: _____

Authorization and Release

I hereby authorize Nuevo Hogar Home Care Providers to contact any former employer identified by me on my employment application or during the application process. I consent and authorize any former employer to provide any information regarding my employment with that employer to NHHCP and release all former employers from any claims that could arise as a result of information they provide to Nuevo Hogar Home Care Providers.

Signature: _____ Date: _____