



Employment Application

Touch of Class requires each new employee to attend orientation prior to work placement. All new employees will be paid for the orientation training after 90 days.

Requirements Before Hiring Consideration

CPR certificate must be up-to-date and from American Red Cross or American Heart Association.
Online CPR training is not accepted for DSA employees.

Touch of Class will notify you in advance of the expiration date of your CPR certification.
This must be updated, or you will be ineligible for work.

Copies of the following documentation must be provided for employment:

- Current Texas Driver's License or Texas ID Card
- Social Security Card or Certified Birth Certificate
- Practicing License if required for position
- Copy of high school or college diploma if required for position

Mandatory Abuse, Neglect and Exploitation Training and Test.

This is an online test. It must be completed, and a copy of the certificate must be provided to Touch of Class before any hours are worked. Instructions will be included with this application.

Touch of Class is an Equal Employment Opportunity Employer. Applications are considered for all positions without regard to race, religion, sex, national origin, age, family status, veteran status, disability, or any other legally protected status. Touch of Class is a drug-free workplace.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____ Date of Birth: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: _____ Full-Time ☐ Part-Time ☐ PRN ☐

Availability	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to	Saturday to	Sunday to

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

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

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

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Professional License: Type: _____ Number: _____ State Issued: _____ Exp. Date: _____

Emergency Contacts

Emergency contact: _____ Phone Number: _____

Emergency contact: _____ Phone Number: _____

References

Please list three references other than relatives or previous employers.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (Past 5 years, most recent first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Experience

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Do you have at least 3 months experience in pediatrics within the past 15 years? (Nurses only) YES ☐ NO ☐

Employee Physical Profile

I, _____, certify that I am able of the following physical profile requirements for my position with Touch of CLASS

POSITION: Habilitation Attendant

Measurement Criteria:

- | | | |
|-----|-----------------|---|
| 1. | Lifting: | ☐ Light (must be able to lift 5-20 pounds)
☐ Moderate (must be able to lift 20-50 pounds)
☒ Heavy (must be able to lift weights in excess of 50 pounds) |
| 2. | Pushing: | ☐ Light (must be able to push light objects such as an empty wheelchair)
☐ Moderate (must be able to push objects such as an occupied wheelchair)
☒ Heavy (must be able to push an occupied motorized wheelchair) |
| 3. | Pulling: | ☐ Light (must be able to pull light objects such as an empty wheelchair)
☐ Moderate (must be able to pull objects such as an occupied wheelchair)
☒ Heavy (must be able to pull an occupied motorized wheelchair) |
| 4. | Mobility: | ☐ No walking required for this position
☒ Moderate walking (routine office movement)
☐ Continual walking (Courier)
☐ Does not have to walk. |
| 5. | Stair Climbing: | ☐ No climbing
☒ Must be able to climb stairs
☐ Must be able to climb ladders
☒ Must be able to climb ramps |
| 6. | Standing: | ☐ Short duration (less than 10 minutes without a break)
☐ Moderate duration (10-30 minutes without a break)
☒ Continual (more than 30 minutes without a break) |
| 7. | Sitting: | ☒ Intermittent sitting
☐ Prolonged sitting |
| 8. | Squatting: | ☐ It is not necessary to be able to bend at the knees in order to perform this job
☒ It is necessary to be able to bend at the knees in order to perform this job |
| 9. | Stooping: | ☐ Ability to bend at the waist is not necessary in order to perform this job
☒ Ability to bend at the waist is necessary in order to perform this job |
| 10. | Reaching: | ☒ Must be able to reach above shoulder level |
| 11. | Hands: | ☒ It is necessary to have use of both hands in order to perform this job |
| 12. | Other: | ☐ Other physical specifications required to do this job
☒ Must be able to provide maximum assistance when transferring clients |

Disclaimer and Signature

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

Any misrepresentation or falsification will result in immediate termination. I agree to undergo initial and random drug/alcohol testing and driver's license checks. If hired, I will provide proof of identity and legal work authorization. By my signature, I certify that I am able to perform the above physical requirements in order to perform my job duties.

Applicant Signature: _____

Date: _____

Supervisor's Review: _____

Date: _____

Proficiency Evaluation

1. Number of months you have worked with individuals with disabilities: _____

2. What experience do you have taking directions from an individual with a disability? _____

3. Which of the following transfers and ambulation skills have you assisted an individual with disabilities with?

☐ Wheelchair	☐ Sliding Board	☐ Gait/Transfer Belt	☐ Dependent Transfers
☐ Vehicle Transfers	☐ Hoyer Lift Transfers	☐ Braces or Prosthesis	☐ Stationary Positioning

4. Which of the following independent living skills have you assisted an individual with disabilities with?

☐ Bathing/Shower	☐ Cooking	☐ Feeding	☐ Dressing	☐ Toileting/Diapering
☐ Oral Hygiene	☐ Shopping	☐ Grooming	☐ Menu Planning	☐ Exercise Activities

5. Do you have experience in protecting a client's personal dignity while performing personal tasks? YES NO
☐ ☐

6. What other experience do you have in using adaptive equipment? _____

7. What experience do you have in documenting patient/client information? _____

8. What training or experience do you have in following safety/emergency procedures? _____

9. What experience have you had in a supported living environment? _____

10. What community resources for people with disabilities are you familiar with? _____

11. Please explain any other paid or volunteer experience you have in working with people with disabilities?

12. In our program, the client drives the program and decisions made about their lives. How do you see yourself as a person who is working with a person with disabilities?

13. What rights do you feel our clients with disabilities have? _____

Applicant Signature: _____ Date: _____

Supervisor's Review: _____ Date: _____

Authorization for Criminal Background Check, Employee Misconduct Registry Checks, Employability Check, OIG Check, and Release of Information

PLEASE INITIAL BOXES AND SIGN THE BOTTOM

Criminal Background Check

_____ I acknowledge that I agree to undergo a criminal background check upon signing this form for contract employment with Touch of Class. I hereby authorize the investigation of my criminal history and release of all related information to Touch of Class. I am aware that information found may be cause for non-hire and/or termination from employment. I also release Touch of Class, any person affiliated with them, and reporting agencies or persons affiliated with them from any and all liability arising from this investigation.

Employee Misconduct Registry Checks and Nurses Aide Registry

_____ I acknowledge that I agree for Touch of Class to search the HHS Nurse Aide Registry, and the Employee Misconduct Registries via SEMARC **upon contract and annually thereafter**. Results will be kept in the employee personnel file.

A person is unemployable in an HHS regulated facility or agency if he or she:

- is listed on any Employee Misconduct Registries which includes checks on the TEA, DFPS, TJJD and HHSC registries,
- is revoked on the Nurse Aide Registry,
- has a criminal conviction listed as an automatic bar to employment in Health and Safety Code Chapter 250.

Finding an employee's name will result in immediate termination.

Exclusion of Individuals and Entities Reported to the Office of Inspector General for Waste, Abuse, and Fraud Both State and National

_____ I acknowledge that I agree to allow a check of my name with the Office of Inspector General (both Federal and state) for the purpose of checking the Excluded Individuals and Entities database. The Federal online databases are used to search for excluded individuals and entities prior to hiring or contracting, and monthly thereafter. I release all related information to Touch of Class. I am aware that information found may be cause for non-hire and/or termination from employment. I also release Touch of Class, any person affiliated with them, and reporting agencies or persons affiliated with them from any and all liability arising from this investigation.

Release of Information

_____ I acknowledge that as an applicant, I give Touch of Class the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application.

I hereby release from liability Touch of Class and its representatives from seeking, gathering, and using such information and other persons, corporations, or organizations for furnishing such information.

A copy of this release shall be valid as the original.

Applicant Printed Name: _____ D.O.B. _____ SSN _____

Applicant Signature: _____ Date: _____

Statement of Employability

By execution of this document, I hereby acknowledge that I have been informed by Touch of Class that a criminal history check will be performed on my name. I have informed this agency of all names (i.e., maiden name, aliases) that I have used in the past.

I hereby profess that I have not been convicted of any of the following crimes which are a permanent automatic bar to employment by this agency:

- an offense under Chapter 19, Penal Code (criminal homicide);
- an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
- an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or disabled individual),
- or Section 21.11, Penal Code (indecent with a child);
- an offense under Section 22.011, Penal Code (sexual assault);
- an offense under Section 22.02, Penal Code (aggravated assault);
- an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- an offense under Section 22.041, Penal Code (abandoning or endangering child);
- an offense under Section 22.08, Penal Code (aiding suicide);
- an offense under Section 25.031, Penal Code (agreement to abduct from custody);
- an offense under Section 25.08, Penal Code (sale or purchase of child);
- an offense under Section 28.02, Penal Code (arson);
- an offense under Section 29.02, Penal Code (robbery);
- an offense under Section 29.03, Penal Code (aggravated robbery);
- an offense under Section 21.08, Penal Code (indecent exposure);
- an offense under Section 21.12, Penal Code (improper relationship between educator and student);
- an offense under Section 21.15, Penal Code (invasive visual recording);
- an offense under Section 22.05, Penal Code (deadly conduct);
- an offense under Section 22.021, Penal Code (aggravated sexual assault);
- an offense under Section 22.07, Penal Code (terroristic threat);
- an offense under Section 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
- an offense under Section 33.021, Penal Code (online solicitation of a minor);
- an offense under Section 34.02, Penal Code (money laundering);
- an offense under Section 35A.02, Penal Code (health care fraud);
- an offense under Section 36.06, Penal Code (obstruction or retaliation);
- an offense under Section 42.09, Penal Code (cruelty to livestock animals),
- or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
- a conviction under the laws 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.

I also hereby profess that I have not been convicted of any of the following crimes within the past 5 years.

- an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- an offense under Section 30.02, Penal Code (burglary);
- an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
- an offense under Section 32.46, Penal Code (fraudulent securing of document execution), that is punishable as a Class A misdemeanor or a felony;
- an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
- an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
- An offense that Touch of Class determines to be a contradiction to employment with the clients of Touch of Class.

I understand that if I have been placed on deferred adjudication community supervision for an offense listed in this section, successfully completed the period of deferred adjudication community supervision, and received a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedure, I am not considered convicted of the offense for which I received deferred adjudication community supervision.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment.

I understand that all information obtained by this agency regarding any criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Difficulty of Care Act (IRS 2014-7)

If any employee lives, full-time, in a care recipient or provider home without any other residence, please have them read and complete the "declaration statement" below and return to Touch of CLASS.

The declaration can be sent to one of the following:

Fax: 903-405-3979
Mail: Touch of CLASS
1810 Shiloh Rd
Suite 501
Tyler, TX 75703

IMPORTANT: Claiming this exemption will effect the data reported on your W2. Caregivers Home Health (Touch of Class) are not tax professionals. If you claim this exemption, we strongly advise you contact a tax professional so you aware of the tax implications. We will not answer any tax questions pertaining to this exemption to protect all parties from misinformation.

Declaration Statement

Attention: Touch of CLASS

Current Date: _____

Effective Date: _____

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for care I provide to _____, who lives in my home, or I in theirs, under the care recipient's plan of care.

I have lived in this residence full-time with no other place of residence since _____. I understand it is my responsibility to report any change in residence status immediately to the HR Department and I understand that if these statements turn out to be false, I may personally owe federal income tax and be subject to IRS penalty. I will contact my tax accountant for additional information and guidance.

Employee Printed name: _____

Employee Signature: _____

Employer Signature: _____
(Or Representative)

Date received by TOC: _____

TOC Rep: _____