



**CONSENT  
for DRUG/ALCOHOL TESTING**

I, \_\_\_\_\_, acknowledge and agree that, as a condition of my employment with Home Hospice of Grayson County, I will submit to laboratory screening for the presence of drugs or alcohol in my blood or urine:

- prior to assuming employment with Home Hospice
- to determine my compliance with agency policies
- at such time Home Hospice administration determines such screening is necessary to ensure the safety of agency employees, associates, patients and caregivers.

I authorize the release of results of testing for purposes listed above:

- from a laboratory testing facility to Home Hospice of Grayson County

I release Home Hospice of Grayson County from any and all liability arising from the release of this information.

I understand that failure to comply, upon request of Home Hospice administration, with the above requirements for screening will result in termination.

\_\_\_\_\_  
Applicant/Employee

\_\_\_\_\_  
Date



## CRIMINAL HISTORY CHECK

In order to assure the safety of Home Hospice patients and families, Home Hospice conducts criminal history checks, social security number validations, and previous address reports on all employees and volunteers that will have contact with Home Hospice patients.

Persons with a conviction for any of the offenses of the Health and Safety Code 250.006 will not be allowed to provide direct patient care. These offenses include but are not limited to criminal homicide, kidnapping and false imprisonment, indecency with a child, sexual assault, aggravated assault, injury to a child, elderly person, or disabled person, abandoning or endangering a child, aiding suicide, agreement to abduct from custody, sale or purchase of a child, arson, robbery, and aggravated robbery.

I, \_\_\_\_\_, have no convictions for any of the offenses listed above from the Health and Safety Code 250.006 and hereby acknowledge understanding of and give consent for Home Hospice to conduct a criminal history check.

I would like to be informed of the results: \_\_\_\_\_ Yes \_\_\_\_\_ No

Full Name: \_\_\_\_\_

Other Names Used, such as maiden name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you worked or resided outside the State of Texas at any time during the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race: \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Black

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**VOLUNTARY INFORMATION FORM**

Home Hospice of Grayson County is required by law to maintain records of job applicants based upon the information requested on this form. Home Hospice of Grayson County gives all applicants consideration based upon job-related criteria. **Only the information contained in the formal application materials (resume, employment application, list of references, etc.) will be provided to the Interviewer(s).**

The information contained in this form, which is regarded as confidential, will be retained in the Home Hospice of Grayson County Human Resources Department for reference purposes only.

Your completion of all (or any part) of this form is strictly voluntary.

NAME:		SOC. SEC. #: _____-____-_____	
DATE OF BIRTH:		SEX: ___M___F	APPLICATION DATE: ___/___/___
RACE: ___ White (Not Hispanic) ___ Black (Not Hispanic) ___ Hispanic ___ Asian/Pacific Islander ___ American Indian/Alaskan National <i>(An applicant may indicate a multi-racial designation by marking more than one category.)</i>			
DISABILITY: Do you claim disability status? ___ Yes ___ No If "yes," explain what workplace accommodation (if any) is needed: _____ _____			
VETERAN STATUS: ___ Yes ___ No ___ Disabled If disabled, % of disablement _____%			
CITIZENSHIP STATUS: ___ Natural Born ___ Naturalized ___ Permanent Resident ___ Non-Resident Alien If Non-Resident Alien, please give visa status: _____			
Are you related to any Home Hospice employee? ___ Yes ___ No If "yes," where does relative work? _____			
I decline to furnish information requested above. ___ Yes ___ No			

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