

# BETTYES HEALTHCARE NETWORK

HOME AND COMMUNITY SERVICE (HCS)/TEXAS HOME LIVING (TxHML)

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400 N. EAST STREET  
ARLINGTON, TX 76011  
(817) 200-6747 OFFICE  
(817) 200-6140 FAX  
workatbettyes@gmail.com

Dear Applicant:

Enclosed you will find information that must be completed and returned to our office:

- Criminal History Check
- Abuse Training & Reporting Forms
- Individual Rights Forms
- Competency Exam (If needed)

Along with the application, please submit a copy of:

- Current driver's license
- Social security card
- Proof of current auto insurance (If Transporting)
- High school diploma, GED, or any professional degree

Thank you,  
Bettyes Healthcare Network, Inc.  
Office: 817-200-6747  
Fax: 817-200-6140

**Confidentially Notice:** This application (including the accompanying documents) contains proprietary, confidential, and/or privileged information from Bettyes Healthcare Network, Inc. This information is intended for use only by the individual or entity named as above as the recipient, reading, using, disclosing, copying, distributing, taking, or failing, to take any action based on the information contained herein is strictly prohibited.

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400 N. East Street  
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## APPLICATION FOR EMPLOYMENT

All information provided will be considered confidential. **PLEASE PRINT LEGIBLY**

### PERSONAL

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

Name of Client working with (if applicable):

How did you hear about this opening: \_\_\_\_\_

Are you related to anyone who currently works for the Company? If so whom?

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you 18 years or older:  Yes  No Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### 3 PROFESSIONAL REFERENCES (NO FAMILY MEMBERS PLEASE):

List three (3) persons NOT related to you, whom you have known for at least (1) one year

Name	Years Known	Relationship	Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Bettyes Healthcare Network, Inc.

400 N. East Street  
Arlington, TX 76011  
(817) 200- 6746 Office  
(817) 200-6140 Fax

## Application for Employment

### Education:

What is the highest level of Education? \_\_\_\_\_ Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduate Date: \_\_\_ / \_\_\_ / \_\_\_ Degree: \_\_\_\_\_

### Service related Skills (bilingual, driver's license, personal care, life experiences, etc)

Most Recent Employer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address; \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ (per hr, wk, or yr.) Supervisor's Name: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Can we call them? YES  NO

Employer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address; \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

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Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Can we call them?  YES  NO

### TRAINING/EXPERIENCES: (List all of the training you have attended that would assist you with providing foster care services).

\_\_\_\_\_  
\_\_\_\_\_

Have you ever or currently providing foster care services? If so; for whom with and what company, for how long and for the reason for termination?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? (If so, please explain).  YES  NO (Use the back if need of more space)

\_\_\_\_\_

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# BETTYES HEALTHCARE NETWORK, INC.

## Consent and Release Form for Drug Screen and Background Check

### Drug Screen:

I hereby give my consent and express my willingness to undergo a drug test as requested by Bettyes Healthcare Network, Inc. I also consent to the release of the results of the test to Bettyes Healthcare Network, Inc. I am also consenting to the collection of a urine sample from me by my employer's physician or testing representative, which will be sent to a laboratory selected by my employer. I understand that this laboratory conducts screening tests on this sample to detect the presence of illegal narcotics, including marijuana and other drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my employment with Bettyes Healthcare Network, Inc. I agree to release and discharge Bettyes Healthcare Network, Inc., and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or tests that I have been asked to undergo by Bettyes Healthcare Network, Inc.

### Background Check:

I authorize Bettyes Healthcare Network, Inc., to conduct a background check yearly that will include a criminal background investigation, verification of my job qualifications, employment history, academic credentials, licenses, professional designations, and driving record, if I am required to drive a company vehicle. I understand that employment is contingent upon a satisfactory background check. In addition, misrepresentations and/or omission of any facts on the Employment Application and/or Resume are sufficient cause for dismissal when it's discovered.

In exchange for Bettyes Healthcare Network, Inc.'s consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against any organization or individual that provides work-related information about me to Bettyes Healthcare Network, Inc. or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Bettyes Healthcare Network, Inc or any of its employees, representatives, affiliates or agents arising out of their efforts to obtain work-related information about me.

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PRINT NAME

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SIGNATURE

---

DATE

# DIRECT CARE PROFESSIONAL

Direct Care Professional duties vary widely. In all situations, they include a responsibility to help special-needs children, adults and seniors deal with daily issues and improve their lives. The principal duty of a Direct Care Professional is to help special-needs individuals succeed in getting through their day-to-day activities.

Direct Care Professional candidates should demonstrate a desire to help individuals who have disabilities, special needs, or mental health challenges. They should have patience, empathy, and compassion. Their personality should inspire confidence and trust. Direct Care Professional candidates should have the ability to work independently or as part of a team. Direct Care Professionals should also have substantial emotional and physical energy.

Flexibility in days and hours available for scheduled work, including evenings, weekends, and holidays.

Duties will include, but not limited to the following:

1. Supervise and assist residents as needed with meal preparation, feeding, housekeeping responsibilities, personal hygiene, toileting, grooming, transferring and other activities as needed.
2. Maintain clinical records as designated by policies and procedures such as, but not limited to, physical observation, significant observation notes, and any behavioral management programs.
3. Make written reports of incidents/accidents occurring during shift.
4. Correct unacceptable behavior through re-direction and help residents meet the necessary requirements of the house rules.
5. Dispense and Record medications to residents according to MAR and or Nurses instructions.
6. Complete daily meal, blood pressure, behavior or other monitoring sheets required for each resident.
7. Assist in maintaining all necessary supplies for client needs, i.e. grooming supplies, household cleaning supplies, and items needed for staff job duties.
8. The employee is required to lift and/or move residents of varying weight, with assistance of a Hoyer lift and other protective equipment and use all equipment effectively.
9. Perform any other duties as assigned by the Supervisor/Director
10. Report suspected abuse or neglect to supervisor immediately (within one hour).



## Competency Exam

1. As a direct care staff, what procedures should you follow if you notice any unusual behavior in an individual?
2. How would you help an individual to learn to perform household chores? Examples would be laundry, cooking and cleaning.
3. Why is it important for a consumer to participate in community activities?
4. List ways that you can communicate information concerning your individual to the Case Manager?
5. Why is it important to follow dietary restrictions on individuals?
6. Who should you contact if an individual appears to be having a bad reaction to medications?
7. Do individuals have the right to choose what activity they would like to participate in? Why?





*Bettyes Healthcare Network*

## Competency Exam

14. If a medication is not listed on the MAR but there is a medication bubble pack with the individuals name on it, what should you do?

15. How much time do you have to contact DPRS if you suspect abuse, neglect and/or exploitation?

**Employee Printed Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employer Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# BETTYES HEALTHCARE NETWORK.

## Competency Equivalency Test

### I. SPELLING SKILLS ASSESSMENT

1. The child wore a really \_\_\_\_\_ costume to the party.
  - A. weard
  - B. weerd
  - C. wierd
  - D. weird
2. We have \_\_\_\_\_ three weeks to finish designing and building the new office desk.
  - A. approxemately
  - B. approximatly
  - C. approximately
  - D. aproximately
3. The class \_\_\_\_\_ the assignment and they groaned.
  - A. herd
  - B. haerd
  - C. heard
  - D. hierd
4. Our two apartments have an \_\_\_\_\_ amount of space, but the rooms are placed differently.
  - A. idintical
  - B. identikal
  - C. identical
  - D. identicall
5. As we add new \_\_\_\_\_, our business grows.
  - A. technologies
  - B. technologys
  - C. techknologies
  - D. technoliges
6. It's not unusual for a child to have an \_\_\_\_\_ friend.
  - A. imagenery
  - B. imaginary
  - C. imageniry
  - D. imagonary
7. The community leader was \_\_\_\_\_ with an award.
  - A. acknowledged
  - B. acknoeledged
  - C. aknowludged
  - D. acknowledged

## II. READING

**Read these employment ads and answer Numbers 1 through 4.**

- Nurse Aides: Nurse Temps Inc. has jobs available statewide. Home care and hospital staffing, will train. Call 1-000-000-0000.
  - Customer Service: Earn while you learn. Full time. Must be able to work two nights until 10pm. Need good interaction skills. Basic computer knowledge a must. Apply in person to fill out an application. 400 Main Street, Yorktown, Monday to Friday, 9am-4pm
1. According to this ad for nurse aides, who should apply for jobs?
    - A. Only people who live in the northern part of the state
    - B. People who live in a different state
    - C. People who live anywhere in the state
    - D. People who live within a few blocks of the patient
  2. Nurse Temps supplies nurse aids to both
    - A. Home care patients and hospitals
    - B. Hospitals and schools
    - C. Schools and universities
    - D. Hospitals and day care
  3. If you were applying for your first job, which line in the Customer Service ad would make you very happy to read?
    - A. Apply in person to fill out an application
    - B. 400 Main Street, Yorktown
    - C. Basic computer knowledge a must
    - D. Earn while you learn
  4. As it is used here, what is another word for “interaction?”
    - A. Play acting
    - B. Communication
    - C. Reaction
    - D. Computer skills

**Read this passage about choosing an occupation.**

If you decide to change your occupation, or work, do some thinking and planning first. Ask yourself some key questions. What kind of job have you always wanted? What would make you happy and fulfill your ambition? Make a list to answer these questions.

Where can you get information about your choices? Think about the people you know. Does anyone you know have the job you would like to have? Talk to that person and get all the details you can. You may find out that the job is exactly what you want. Or, you may be surprised to find out that the job is not all what you thought it would be. Obviously, this information is helpful and will save you much time in your search.

1. Which statement best summarizes the advice in this passage?
  - A. Take the first job you see advertised.
  - B. Think and plan before you even look for the job.
  - C. Make lists and then lose them.
  - D. Talk to everyone who works.

2. In the passage, another word for job is
  - A. List
  - B. Questions
  - C. Choices
  - D. Occupation
  
3. If you talk to people about the job you want,
  - A. You'll always want the ones they have.
  - B. You may find that you don't want a certain job after all.
  - C. You'll never be surprised by what they say.
  - D. You'll never get a job.

### III. VOCABULARY

Choose the word that means the same, or about the same, as the underline word.

1. instant answer
  - A. later
  - B. immediate
  - C. first
  - D. delayed
  
2. indebted to someone
  - A. invited
  - B. allowed
  - C. grateful
  - D. afforded
  
3. descend to
  - A. go up to
  - B. reach for
  - C. keep going straight to
  - D. go down to
  
4. anxious feeling
  - A. nervous
  - B. happy
  - C. unconcerned
  - D. impatient
  
5. mischievous child
  - A. well-behaved
  - B. mistaken
  - C. loud
  - D. naughty

6. **irregular** outline
- A. proper
  - B. uneven
  - C. irresponsible
  - D. infectious

7. **remorseful** child
- A. loud
  - B. regretful
  - C. unhappy
  - D. punished

#### IV. MATHEMATICS COMPUTATION

**Note: No calculator permitted**

1.  $\$6.48 - \$3.61 =$
- A. \$3.87
  - B. \$3.27
  - C. \$2.87
  - D. \$3.13
  - E. None of these
2. 84 divide by 6 =
- A. 10 R2
  - B. 16
  - C. 14
  - D. 12 R2
  - E. None of these
3.  $0.5 + 0.8 =$
- A. 0.13
  - B. 1.3
  - C. 0.013
  - D. None of these
4. 6% of 50 =
- A. 30
  - B. 3
  - C. 12
  - D. 6
  - E. None of these
5.  $41 \times 263 =$
- A. 10,783
  - B. 1315
  - C. 10,683
  - D. 9783
  - E. None of these

6. 18 is 30% of what number?

- A. 6
- B. 5.4
- C. 60
- D. 54
- E. None of these

7. What percent of 80 is 16?

- A. 50%
- B. 20%
- C. 500%
- D. 12.8%
- E. None of these

8. You and your friend spend \$42.00 at a restaurant for dinner. A 15% tip will be

- A. \$4.35
- B. \$15.00
- C. \$6.30
- D. \$7.50

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

Checked By \_\_\_\_\_

Job Title \_\_\_\_\_

Date \_\_\_\_\_



*Bettyes Healthcare Network*

HCS Provider/Family and Support Services

400 N. East Street

Arlington, TX 76011

817.200.6747 (O)

817.200.6140 (F)

## **PHYSICAL REQUIREMENTS**

Due to the nature of our profession all employees must be able to meet certain physical requirements such as:

- Must be able to bend, stoop, push, pull, reach, sit and walk for periods of time.
- Must be able to utilize proper body mechanics while assisting with transfers of individuals.
- Must be able to lift 50 pounds.

Tolerate a home/office setting with varying degrees of background noise. Safety hazards may exist if equipment is not used properly, if proper techniques/equipment are not used when lifting, or if proper behavior intervention techniques are not utilized.

I agree that I meet the above physical requirements and I will follow all Safety guidelines set in place by Bettyes Healthcare Network.

---

Employee Signature

---

Date



*Bettyes Healthcare Network*

### Reference Verification for Provisions of Safe Environment

Please fill out the form below verifying the applicant’s ability to provide a safe and healthy environment for individuals to be served.

Employee: \_\_\_\_\_

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

Your relationship to the applicant: Friend \_\_\_\_\_ Former Co-Worker \_\_\_\_\_ Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

Does the applicant possess sufficient skills to perform the required duties?

Ability to drive safely? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Ability to follow directions? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Ability to read and write with clarity? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Have you known him/her to endanger others? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Please select the number that to your knowledge best represents the ability of the applicant.

(5 being the highest and 1 being the lowest)

Dependability            1   2   3   4   5

Honesty                    1   2   3   4   5

Please give us any additional information in regard to the applicant’s character:

\_\_\_\_\_

Reference Signature: \_\_\_\_\_

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



*Bettyes Healthcare Network*

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