



4211 Gardendale, Ste A200, San Antonio, TX 78229
Office (210) 615-STEP (7837)
Fax (210) 615-7848
www.stepbystephomecare.com

Licensed by The Texas Department of Aging and Disability Services

Please complete the enclosed Application Form,
attach your resumé (if available), and email to:

hr@stepbystephomecare.com

or fax to:

(210) 615-7848

WELCOME TO



Thank you for applying!

Here at Step by Step we are an equal opportunity employer. We understand that you have a choice in where you work and we are happy that you have decided to apply with our team.

We hope that you find a home with our family.

MISSION STATEMENT

Each employee shall foster an environment of high ethical principles and mutual respect for all co-workers, patients, and the community while providing the highest quality of care to patients through integrity, education, communication, and excellence in work standards.



Step by Step

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Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

Date of Birth: _____ Social Security No.: _____ Desired Salary: \$

Position Applied for: _____ Professional License Number: _____

Full Time	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Part Time	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
In case of an emergency notify:	_____		Relationship:	_____	

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

List any professional skills or qualifications: _____

List languages spoken other than English: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Applicant Name: _____

References Cont.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

I hereby authorize the Step by Step Home Care and Therapy, LLC to contact may references listed above.

Previous Employment (You may attach your resume)

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

Applicant Name: _____

Disclaimer and Signature

By execution of this document, I acknowledge that I have been informed by Step by Step Home Care and Therapy, PLLC and agree that Step by Step Home Care and Therapy PLLC, may conduct a State of Texas criminal history check. I agree to a search of the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct Improprieties that will bar me from employment with Step by Step. I understand that I am unemployable if listed in the EMR per TAC 93.3 and TxH&SC Chapter 253.

I authorize Step by Step to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

Initial

Criminal History Check

I have informed Step by Step of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact until results are returned. I will be notified of results. I understand that all information obtained by Step by Step 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.

Signature: _____ Date: _____

HR Representative: _____ Date: _____