

The Happy One



**The Happy One Assisted Living
Residential Care**

7010 Lake Jackson Dr, Arlington, TX 76002

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Caregiver Pre-Application Form — U.S. & Texas

Instructions:

1. Complete all sections of this form.
2. Save and send this file to: thehappyonealf@gmail.com
3. This form is for pre-screening only. If selected for an interview, you will be asked to provide additional documentation per Texas labor laws and HHSC requirements.

****1. Personal Information****

- Full Name:
- Date of Birth (MM/DD/YYYY): / /
- Current Address:
- Phone Number: () - -
- Email Address:

****2. Position Applying For****

- Date Available to Start: / /
- Employment Type Desired: Full-Time Part-Time Live-In

****3. Education****

No.	Level of Education	Institution	Year Completed	Relevant Certification (if any)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

****4. Work Experience****

No.	Job Title	Employer	Dates of Employment	Duties & Responsibilities
1				
2				
3				
4				
5				

Do you have experience providing care for adults or individuals with disabilities? Yes No

If yes, please describe briefly:

****5. Health & Ability to Perform Job Duties****

Are you able to perform the essential functions of a caregiver, including assisting with daily living activities (e.g., mobility, personal hygiene, meal support, etc.)? Yes No

Do you have any medical conditions that could affect your job performance? Yes No

If yes, describe briefly (optional):

Additional health or immunization documentation may be requested after interview, in compliance with federal and state regulations.

****6. Legal & Compliance Disclosure****

- Are you at least 18 years old? Yes No
- Are you legally authorized to work in the United States? Yes No
- Have you ever been convicted of a felony or disqualifying offense? Yes No
- If yes, please explain (use additional page if needed):
- Do you agree to a background check, including fingerprinting and registry searches (e.g., Employee Misconduct Registry, Nurse Aide Registry, Federal Exclusion Lists) required by Texas HHSC and applicable laws? Yes No

****7. References****

Please provide at least two professional references (not family members):

No.	Name	Relationship	Phone	Email
1	<input type="text"/>	<input type="text"/>	(<input type="text"/>) - <input type="text"/> - <input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	(<input type="text"/>) - <input type="text"/> - <input type="text"/>	<input type="text"/>

****8. Applicant Agreement****

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from further consideration. I also acknowledge that if selected for employment, additional documentation and compliance with Texas labor law and HHSC requirements will be required.

Applicant Signature:

Date: / /

Final Note: Form is designed to comply with federal and Texas law by not requesting information that could lead to discrimination. Additional checks (background, I-9, etc.) will occur after interview/offer.