EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE Today's Date: _____

First Name	MI	Last Name	Preferred Name/Nickname

Street Address	Apt #	City	State	Zip Code

Home Phone	Alternate/Work Phone	Email Address

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: ☐ Full Time ☐ Part Time ☐ Temporary

What schedule would you prefer? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights

How did you hear about the position? ☐ Classified Ad ☐ Friend (Name) ☐ Radio ☐ Internet

Desired Pay: Hourly Pay (Minimum, if applicable) $ _____ Annual Pay $ _____ Minimum $ _____ Desired

When are you able to start work? Date: _____

In what local area do you prefer to work? _____

Position desired: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? ☐ Yes ☐ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, American Family Connections Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? ☐ Yes ☐ No

If yes, can you furnish a work permit? ☐ Yes ☐ No

Brema Healthcare Inc. *is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, American Brema Healthcare Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. American Family Connections Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? ☐ YES ☐ NO

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? ☐ Yes ☐ No If Yes, please give date, place and nature of each such conviction.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? ☐ YES ☐ NO

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE	
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY $	FINAL PAY $	
TO _____ / _____ Month Year	TELEPHONE NUMBER ( )		TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

	COMPANY NAME			YOUR POSITION and TITLE	
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY $	FINAL PAY $	
TO _____ / _____ Month Year	TELEPHONE NUMBER ( )		TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

Work Experience Cont.

	COMPANY NAME			YOUR POSITION and TITLE	
FROM _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY $	FINAL PAY $	
TO _____ / _____ Month Year	TELEPHONE NUMBER ( )		TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

In case of emergency notify:

Name: _____ Relation: _____ Phone: _____

PERSONAL REFERENCES: (Please list three professional references)

NAME	RELATIONSHIP	COMPANY	PHONE/E-MAIL

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial l or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all Materia l terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.
- I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.
- My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to re lease full information concerning my license status and my license history.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	☐ INTERVIEW(S)	☐ REFERENCES CHECKED	IF HIRED:	POSITION: SALARY:	START DATE: FT/PT/PER VISIT:

Pre-employment interview: _____

We will contact the employers listed unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer / Number	Reason

PERSONAL REFERENCES (Do not list relatives):

Name	Occupation	Address	Phone

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion, or national origin)

_____

_____

DRIVING RECORD

Do you have a valid Driver's License? ☐ Yes ☐ No If Yes, list State issued

Driver's License Number _____ ☐ Class C ☐ Class A-CDL ☐ Class B-CDL

Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)?

☐ Yes ☐ No

Have you received a Driving while intoxicated (DWI) or Driving under Influence (DUI) citation during the last 36 months (3 years)? ☐ Yes ☐ No

Is your driver's license currently suspended? ☐ Yes ☐ NO

CONVICTIONS

Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No

If "Yes", describe in full:

_____

_____

_____

_____

_____

CONSENTS FOR BACKGROUND CHECKS

CRIMINAL HISTORY CHECK:

In connection with my application for employment, I understand that a Criminal Background Check must be completed. I acknowledge by signing this consent that I am giving permission for company or its agents to conduct the background check. I hereby authorize, without reservation any law enforcement agency or other entities to furnish she requested information.

I acknowledge that a telephonic facsimile (FAX) or photocopy shall be as valid as the original.

The following information is required by law enforcement agencies for positive identification purposes when checking records. It is confidential and will not be used for any other purposes. Please print.

_____	_____	_____
Name: First Middle Last	Date of Birth	Gender

_____	_____	_____	_____
Social Security Number	Driver's License #	State Issued	Name as it appears on Driver's License

_____	_____
Signature	Date

EMPLOYEE MISCONDUCT REGISTRY AND NURSES AIDE REGISTRY CHECKS

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed Senate Bills 967 creating the Employee Misconduct Registry (E.M.R.), creating Chapter 253, Health and Safety Code.

The Employee Misconduct Registry (E.M.R.) is being implemented to tract acts of misconduct by unlicensed or uncredentialed employees who provide direct care by capturing substantiated findings of:

- Abuse
- Neglect
- Exploitation
- Misappropriation of resident or consumer property

BFS is required to access the E.M.R. to determine if an individual is eligible for employment in:

- Nursing facilities
- Intermediate care facilities for the mentally retarded that are licensed by the Department
- Assisted living (personal care) facilities
- Adult foster care (Type C) facilities
- Adult day care facilities

In compliance with the statutory language and rules implementing the E.M.R., all facilities are now required to reference both the E.M.R. and the Nurse Aide Registry prior to hiring all employees, and deny employment to any person who is listed on the registries as unemployable.

I, acknowledge that I have read the Employee Misconduct Registry letter. I further understand that if I am listed in the registry, I may be denied employment or could be terminated from BFS.

_____	_____
Applicant	Date

Reference Request

Date: _____ check method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as_____ and has given you as a reference. As we place great importance on the thorough of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____ (name of company rep.) from Family Connections Home Health Care

---

Applicant Release

Applicant: _____
`Last First MI Maiden

Position Held _____
Social security # _____ _____ _____ Dates Employed: From: _____ To: _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

For office use only

1. Please confirm the applicant's employment. From: _____ Date To: _____Date
2. Please comment on the applicant's attributes using following scale:
   4= Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

   Quality of work _____
   Knowledge & Skills _____
   Reliability & Attendance _____
   Cooperation _____
   Competence _____
   Supervisory ability & capacity _____
   Grooming _____
3. Please indicate specialty in which the applicant has had experience:
   _____
4. Please indicate any special consideration necessary when giving assignments to this individual:
   _____
5. Is applicant eligible for rehire? ☐ Yes ☐ No If no, why not?
   _____

   Please attach any additional comments
   _____

   Signature: _____ Position/Title: _____ Date: _____

Reference Request

Date: _____ check method of gathering reference data: ☐ Verbal ☐ Mail

Name of person giving reference: _____ Facility: _____

The individual named below is applying for a position as_____ and has given you as a reference. As we place great importance on the thorough of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance _____ (name of company rep.) from Family Connections Home Health Care

---

Applicant Release

Applicant: _____
`Last First MI Maiden

Position Held _____
Social security # _____ _____ _____ Dates Employed: From: _____ To: _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

For office use only

1. Please confirm the applicant's employment. From: _____ Date To: _____Date
2. Please comment on the applicant's attributes using following scale:
   4= Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

   Quality of work _____
   Knowledge & Skills _____
   Reliability & Attendance _____
   Cooperation _____
   Competence _____
   Supervisory ability & capacity _____
   Grooming _____
3. Please indicate specialty in which the applicant has had experience:
   _____
4. Please indicate any special consideration necessary when giving assignments to this individual:
   _____
5. Is applicant eligible for rehire? ☐ Yes ☐ No If no, why not?
   _____

   Please attach any additional comments
   _____

   Signature: _____ Position/Title: _____ Date: _____

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and 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 that will bar me from employment with this Agency. I understand that I am unemployable if listed in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253.

Criminal History Check

I have informed this agency 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.

CONVICTIONS BARRING EMPLOYMENT.

(A) A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:

- **An offense under Chapter 19, Penal Code (criminal homicide);**
- **An offense under Chapter 20, Penal Code (kidnaping and unlawful restraint);**
- **An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);**
- **An offense under Section 21.08, Penal Code (indecent exposure);**
- **An offense under Section 21.11, Penal Code (indecency with a child);**
- **An offense under Section 21.12, Penal Code (improper relationship between educator and student);**
- **An offense under Section 21.15, Penal Code (improper photography or visual recording);**
- **An offense under Section 22.011, Penal Code (sexual assault);**
- **An offense under Section 22.02, Penal Code (aggravated assault);**
- **An offense under Section 22.021, Penal Code (aggravated sexual assault);**
- **An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual);**
- **An offense under Section 22.041, Penal Code (abandoning or endangering a child);**
- **An offense under Section 22.05, Penal Code (deadly conduct);**
- **An offense under Section 22.07, Penal Code (terroristic threat);**
- **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 a 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 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 (Medicaid fraud);**
- **An offense under Section 42.09, Penal Code (cruelty to animals);**
- **An offense under Section 36.06, Penal Code (obstruction or retaliation);**
- **An offense under Section 42.09, Penal Code (cruelty to livestock animals);**
- **An offense under Section 42.092, Penal Code (cruelty to nonlivestock 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.**
- **An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves**

(B) A person may also be barred from employment the duties of which involve direct contract with a client in a facility if convicted of any of the following crimes within the past 5 years:

- **An offense under Section 22.01, Penal Code (assault 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 a financial institution), that is punishable as a Class A misdemeanor or a felony; or**
- **An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or a felony) .**
- **An offense under Section 37.12, Penal Code (false identification as a peace officer); or**
- **An offense under Section 42.01 (a) (7), (8), or (9), Penal Code (disorderly conduct).**

(C) In addition to the prohibitions on employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:

- **Of an offense under Section 30.02, Penal Code (burglary); or**
- **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 under Section 30.02, Penal Code.**

(D) In addition to the prohibitions on employment prescribed by Subsections (A), (B) and (C), a nurse aide listed as unemployable per amendment to TAC 40, §94.10(l) and §94.11(c) (d) and is listed on the NAR or EMR stating a finding of abuse, neglect or misappropriation will not be recertified therefore, is unemployable.

(E) For purposes of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, Code of Criminal procedure, is not considered convicted of the offense for which the person 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.

Signature of Applicant **Date**

For Agency Use Only: Criminal History, Employee Misconduct Registry (EMR), and Nurse Aide Registry (NAR) checks completed:

❑ Criminal History Check completed on-line ❑ Other Convictions identified on Criminal History. (Document reason hiring in Comments below)

❑ NAR ❑ EMR checked online at https://emr.dads.state.tx.us/DadsEMRWeb/
❑ Applicant employable ❑ Applicant not employable ❑ Comments: _____

Verified By Date

HCL / Background Check Rvd. 010112

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Figure:1 TAC §55.303(c)(1)(B)

Texas Employer New Hire Reporting Form

Submit within20 calendar days of new employee's first day of work to: **ENHR Operations Center, P.O. Box 149224** **Austin, TX 78714-9224** **Phone: 1-800-850-6442 Fax: 1-800-732-5015** **Online: www.employer.texasattorneygeneral.gov**	To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example: A B C 1 2 3

Employer Information

1. Federal Employer ID Number (FEIN): (*Please use the same FEIN that appears on quarterly wage reports)* _____
2. State Employer ID Number (Optional): _____
3. Employer Name:_____
4. Employer Address: *(Please indicate the address where the Income Withholding Orders should be sent)* _____
5. Employer City (if US): _____
6. State (if US): _____ 7. ZIP Code (if US): _____ - _____
8. Province/Region (if foreign): _____
9. Country (if foreign): _____ 10. Postal Code (if foreign): _____
11. Employer Telephone (Optional): _____ 12. Employer FAX (Optional): _____
13. New Hire Contact Person (Optional): _____

Employee Information

14. Social Security Number (SSN): _____ 15. Date of Hire (MM/DD/YYYY): ___/___/____
16. Employee First Name: _____
17. Employee Middle Name: _____
18. Employee Last Name: _____
19. Employee Home Address: _____
20. Employer City (if US): _____
21. State (if US): _____ 22. ZIP Code (if US): _____ - _____
23. Province/Region (if foreign): _____
24. Country (if foreign): _____ 25. Postal Code (if foreign): _____
26. State Where Employee Was Hired (Optional): _____
27. Employee DOB (MM/DD/YYYY) (Optional): ___/___/____
28. Employee's Salary (Dollars and Cents) (Optional): $_____
29. Salary Frequency (Check One ONLY) (Optional):

☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ , acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____
Date

_____
Agency Name (Please print)

VAISHALI PATEL ADMIN/DON
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Empl ___ Vol/Contractor ___ _____ initial

Date Printed:_____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

Rev. 09/2013