

## 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 as unemployable in the NAR or EMR per TAC §93.3 and TxH&SC Chapter 253.**

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### **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 (indecent 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);



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- † An offense under Section 29.02, Penal Code (robbery);
- † An offense under Section 29.03, Penal Code (aggravated robbery);
- † An offense under Section 32.53 Penal Code (exploitation of a child, elderly individual, or disabled individual);
- † 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 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 non livestock 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
- † A person may also be barred from employment the duties of which involve direct contact 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) 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



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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

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**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/>
- ☐ OIG Exclusion List
- ☐ Applicant employable                      ☐ Applicant not employable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Date

## DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE HEALTH SERVICES

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
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: Applicant Background Check

Empl \_\_\_\_ Vol/Contractor \_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**