



Affidavit Relating to Criminal Offenses

Name (Last, First, Middle)

(Maiden Name)

Other Names (alias, previous married names)

(Address)

Date of Birth (mo, day, year)

Social Security Number

Race

Sex

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. I realize this is privileged information and should be exclusive of this facility. I give my permission to have a criminal history background check done on me for the purpose of employment with this agency.

Signature of Applicant



REFERENCE REQUEST

TO: _____

FOR: _____

SS# _____

CareTeam is requesting an employment/personal reference on the above named person. A complete and prompt response would be appreciated as employment is pending. All information will be held in strict confidence.

I hereby authorize the release of any information by my signature below:

X _____ DATE: _____

In what capacity and how long have you known the applicant?

CAPACITY?	HOW LONG?	
Supervisor _____	_____	_____
Employer _____	_____	_____
Fellow employee _____	_____	_____
Acquaintance _____	_____	_____
Other (specify) _____	_____	_____
If employed by you, position held? _____		

Employed from: _____ to: _____

Full time: _____ Part time: _____ Attendance: Regular _____ Irregular _____

Temporary: _____

Why did the applicant leave? _____

Would you rehire? Yes _____ No _____ Undecided _____

Please check the rating for each listed factor below.

	Superior	Average	Below average	Unsatisfactory
Quality of work:	_____	_____	_____	_____
Quantity of work:	_____	_____	_____	_____
Organization:	_____	_____	_____	_____
Initiative:	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____
Emotional stability:	_____	_____	_____	_____
Appearance:	_____	_____	_____	_____
Relation with co-workers	_____	_____	_____	_____
Good "common sense"	_____	_____	_____	_____

Name (please print) _____

Signature _____



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Relation with co-workers	_____	_____	_____	_____
Good "common sense"	_____	_____	_____	_____

Name (please print) _____

Signature _____

Statement of Employability

By execution of this document, I _____, hereby acknowledge that I have been informed by this agency of all names (ie, maiden name, aliases) that I have used in the past. I understand that I have been employed on an emergency basis and that my employment is temporary or interim pending the results of the criminal history check.

I hereby profess that I have not been convicted of any of the following crimes which are a permanent automatic bar to employment by this agency:

- An offense under Section 19, Penal Code (criminal homicide)
- An offense under Section 20, Penal Code (kidnapping and false imprisonment)
- 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 (indecenty 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 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); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing the elements that are substantially similar to the elements of an offense listed above.

I also hereby profess that have not been convicted of any of the following crimes within the past 5 years (applicable only to those hired on or after September 1, *unless otherwise noted*);

- An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003]
- An offense under Section 30.02, Penal Code (burglary) [applicable to those hired on or after September 1, 2003]
- An offense under Chapter 31, Penal Code (theft punishable as a felony) [applicable to those hired on or after September 1, 2001]
- An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution punishable as a Class A 32.46.02, Penal Code (securing execution of a document by deception punishable as a Class A Misdemeanor or felony) [applicable to those hired on or after September 1, 2003]
- An offense under Section 37.12, Penal Code (false identification as peace officer); or
- An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct)

I understand that if I have been placed on deferred adjudication community supervision for an offense listed above, successfully completed the period of deferred adjudication community supervision, and

received a dismissal and discharge according to Section 5(c), Article 42.12, Code of Criminal Procedure, I am not considered convicted of that offense.

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

Printed name

Date

For Agency Use Only: Employee Conduct Registry (EMR) and Nurse Aide Registry (NAR) Check

Texas:

- EMR checked by telephone (800) 452-3934
- NAR checked by telephone (800) 452-3934

Oklahoma:

- Verified on line on Health Dept. website

- Applicant employable
- Applicant not employable

Verified by

Date