

STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by _____
_____ (agency name) that a criminal history check will be
performed on my name. I have informed this agency of all names (i.e. maiden, 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 pending the results of the criminal history check.

I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping and false imprisonment);
- An offense under Section 21.11, Penal Code (indecent with a child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering child);
- 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); or
- An offense under Section 29.03, Penal Code (aggravated robbery).

I understand that all information obtained by this agency regarding my 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.

Misconduct registry checked: _____ yes _____ no Date _____ Record found yes _____ no _____

Nurse Aide registry checked: _____ yes _____ no Date _____ Record found yes _____ no _____

Criminal History checked: _____ yes _____ no Date _____ Record found yes _____ no _____

Applicant is not barred from employment for Medicare or Medicaid based on result of LEIE
Website <https://oig.hhsc.state.tx.us/Exclusions/Search.aspx> or
<http://www.oig.hhs.gov/fraud/exclusions.asp> search yes _____ no _____

Signature of Applicant

Agency Representative

Printed Name

Date

Date