



Instructions for Completing the Helping Restore Ability Application for Employment

- 1) Save a copy of this document to your computer before, during, and after completion.
- 2) Complete all of the required fields on the application. Applications that are incomplete will not be considered.
 - a) To sign the application electronically (Electronic Signature requires a valid email address);
 - i) click any box labeled Applicant Signature;
 - ii) select the option labeled “A new digital ID I want to create now” and click Next;
 - iii) select the option titled “New PKCS#12 digital ID file” and click Next;
 - iv) complete the Name and Email Address fields and click Next;
 - v) create and confirm a password to protect your signature and click Finish;
 - vi) You will be prompted to enter your password for each signature on the document.
 - b) You may also print the application and sign it manually.
 - i) See #4 for instructions to submit printed applications.
- 3) To submit the application electronically:
 - i) open a new email using your preferred email provider;
 - ii) address the email to resumes@hratexas.org;
 - iii) title the email New Employment Application – *Your Name*;
 - iv) attach the saved .pdf file of the completed application to your email and send.
 - v) You will receive an email confirming receipt of your application.
- 4) Paper applications may be submitted in 3 ways:
 - a) via fax to (817) 461-2334
 - b) via regular mail,
OR
 - c) in person at the Helping Restore Ability office, located at 4300 Beltway Place, Suite 130, Arlington, TX 76018.
 - i) You do not need to submit any pages that read “This page intentionally left blank.”
 - ii) You do not need to submit the instructions to complete the application.
- 5) To inquire about the status of your application, please contact the agency's Human Resources Assistant, via email at resumes@hratexas.org or phone (817) 469-1977 ext. 6025
 - a) Please allow 10 business days before following up with the status of your application.

Helping Restore Ability is a 501(c)(3) charitable non-profit agency that employs, trains, and monitors personal care attendants to provide non-medical in-home care for adults and seniors with all types of disabilities.

Our mission is “to promote independence and enrich the lives of those we serve.” Our goal is to help individuals with disabilities to remain self-sufficient, continue to live in their homes, go to school and/or work, and most importantly maintain their independence and dignity.

Personal care attendants provide assistance with activities of daily living and maintaining the home as a clean, safe, and sanitary environment. Each client has a specific plan of care that must be followed.

This assistance may include:

- Personal Care Assistance, e.g., toileting, bathing, dressing, grooming, feeding
- Mobility Assistance, e.g., transferring from bed to wheelchair, walking.
- Household Task Assistance, e.g., meal preparation, light house cleaning, grocery shopping

Helping Restore Ability is committed to following a set of core values as an agency. To achieve this, every employee must know and understand these core values, internalize them and adhere to them.

The agency’s core values are:

- We deliver great customer service.
- Our services are flexible, based on client preferences.
- Our staff members are compassionate, reliable and trustworthy.
- We go the extra mile for the clients we serve.
- Autonomy and independence is valued, taking ownership is supported.
- First impressions are important.

Helping Restore Ability does not discriminate with regard to the people we serve or the people we hire. You may be asked to work with people from different cultures and who hold beliefs and values that are different than your own. We provide services to individuals in Tarrant and Dallas Counties along with 11 surrounding counties.

VOLUNTARY DISCLOSURE: Completion of this data is voluntary and refusal to provide this information will not influence the hiring decision or the terms or conditions of employment.

Helping Restore Ability is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Helping Restore Ability invites employment applicants to voluntarily self-identify their race or ethnicity. To ensure confidentiality, this voluntary disclosure will be removed from the application before it is submitted to the hiring supervisor. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date
<input type="checkbox"/> Please check here if you are a Veteran of the United States Armed Forces		
Race/Ethnicity (Please check the description below that best corresponds to the ethnic group with which you identify)		
<input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race	<input type="checkbox"/> White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<input type="checkbox"/> Black or African American – A person having origins in any of the black racial groups of Africa	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands	
<input type="checkbox"/> American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment	<input type="checkbox"/> Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam	
<input type="checkbox"/> Two or More Races – All persons who identify with more than one of the above five races		

How did you hear about Helping Restore Ability? (Please check one)

Helping Restore Ability Website Walked into office intending to apply Client Referral (do not provide name) Online Job Posting Website:

Helping Restore Ability Employee Referral Name: Other – Please describe:

Please initial each item below to acknowledge that you have read and understand each statement.

_____ Equal Opportunity Employer – Helping Restore Ability is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital or veteran status; medical condition, disability; or any other legally protected status. Equal access to the hiring process, services and employment is available to all persons. Applicants requiring accommodations for the application and/or interview process should contact a representative of Helping Restore Ability’s Human Resources Department.

_____ Immigration Reform and Control Act – It is the policy of Helping Restore Ability to employ only those individuals who are legally eligible for employment in the United States. The Immigration Reform and Control Act of 1986 requires that, should an offer of employment be extended, before you begin employment you will be required to submit to this agency certain documents for review and copying which verify both your employment authorization and your identity. Copies of the documents you submit will be retained by Helping Restore Ability for the period of time prescribed by law. Also, before you begin employment you will be required to certify under penalty of perjury that you are lawfully authorized for employment in the United States and the documents you have submitted to Helping Restore Ability as evidence of your identity and employment authorization are genuine and relate to you. The certifications you sign and copies of the documents you provide will be made available for inspections if requested by the United States Immigration and Naturalization services, the Department of Labor, the Office of Inspector General, and the Texas Department of Aging and Disability Services.

_____ Drug Testing – Helping Restore Ability maintains a drug-free workplace with regard to possession, use, distribution and sale of drugs and alcohol. Helping Restore Ability may request a pre-employment drug test. In addition, Helping Restore Ability may perform random drug testing on any employee.

_____ Workers Compensation - Helping Restore Ability is a non-subscriber to Workers Compensation Insurance.

_____ Criminal History Check - Helping Restore Ability performs Criminal History Checks on every applicant and all current employees annually. Persons who have been convicted of certain Class “A” misdemeanors or felonies may be barred from employment (see “Convictions that are Automatic Bars to Employment” within this application for more information).

_____ Termination of Employment - I understand and agree that if I am offered employment by Helping Restore Ability, my employment will be for no definite term and that either Helping Restore Ability or I 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 written contract of employment which is specific as to all material terms and is signed by me and the Administrator of Helping Restore Ability.

Please initial below to acknowledge that you are providing the authorization specified in each statement.

_____ Previous Employer - I hereby authorize any and all prior employers to provide information concerning my employment with them as may be requested.

_____ Education/Professional License Verification - I authorize the Registrar/Placement Office of any and all educational institutions I have attended to release an official copy of my transcript and if available, faculty appraisals. I also authorize any and all appropriate licensing boards to release full information concerning my license history.

Certification of True and Accurate Information

I certify that the information in my resume and throughout this application, including other related materials, is true, is complete and may be verified by Helping Restore Ability. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize Helping Restore Ability to make inquiries regarding my education, work experience, references and criminal history/conviction.

Should a position be offered, and later it is found that the information presented in this or any other application-related document is untrue, incomplete, or misrepresented; I understand and agree that Helping Restore Ability is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

Applicant Signature

Date

Applicant Printed Name

Applicant Initials

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Are you over the age of 18? Yes No

Email _____

1. **Are you legally eligible for employment in the United States?** *Genuine documentation establishing your identity and eligibility to be legally employed in the United States will be required upon employment.* Yes No

2. **Have you ever been CONVICTED of any crimes, excluding parking tickets and/or traffic citations?** Yes No
Note: A Felony DWI conviction is not a traffic citation and requires a "yes" answer to this question.

If Yes, list all convictions including the conviction date(s), nature of the offense(s), sentence(s) or penalties imposed, prison release date(s), and current status (e.g. parole, work release, probation) here:

3. **Do you have any confirmed abuse/neglect allegation(s) of any aged or disabled individual?** Yes No

If Yes, list of all confirmed allegations here:

Expected salary/wage (select frequency) hourly weekly monthly annual **Desired Schedule** (select) part-time full-time **Desired Shift** (select any that apply) day evening night weekend

Position applying for: _____ **Do you wish to work for a specific client?** Yes No N/A Available to begin date: _____

List any language(s) spoken fluently, other than English _____

Professional license(s) and / or certification(s) you hold:

List any work skills and/or personal attributes you feel will enhance your employability:

Education	High School (Name, City, State)	Last Year Attended <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	College / Trade School (Name, City, State)	Last Year Attended <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
	College / Trade School (Name, City, State)	Last Year Attended <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned

Please list a minimum of two (2) references. Please do not include family members.

References	Name	Phone	Relationship	Time Known
				<input type="checkbox"/> Personal <input type="checkbox"/> Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional	
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional	
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional	

Please list your work experience for the past five years beginning with the most recent job held. If self-employed, give firm name.

<u>Most Recent Employer Name and Address</u>			<u>Phone Number</u>	
<u>Job Title</u>	<u>Ending Salary</u>	<input type="checkbox"/> hourly <input type="checkbox"/> annually	<u>Begin Date</u>	<u>End Date</u>
<u>Supervisor Name</u>		<u>Supervisor Phone</u>		<u>May we contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Describe your job duties:</u>				
<u>Reason for Leaving</u>				

<u>Employer Name and Address</u>			<u>Phone Number</u>	
<u>Job Title</u>	<u>Ending Salary</u>	<input type="checkbox"/> hourly <input type="checkbox"/> annually	<u>Begin Date</u>	<u>End Date</u>
<u>Supervisor Name</u>		<u>Supervisor Phone</u>		<u>May we contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Describe your job duties:</u>				
<u>Reason for Leaving</u>				

<u>Employer Name and Address</u>			<u>Phone Number</u>	
<u>Job Title</u>	<u>Ending Salary</u>	<input type="checkbox"/> hourly <input type="checkbox"/> annually	<u>Begin Date</u>	<u>End Date</u>
<u>Supervisor Name</u>		<u>Supervisor Phone</u>		<u>May we contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Describe your job duties:</u>				
<u>Reason for Leaving</u>				

<u>Employer Name and Address</u>			<u>Phone Number</u>	
<u>Job Title</u>	<u>Ending Salary</u>	<input type="checkbox"/> hourly <input type="checkbox"/> annually	<u>Begin Date</u>	<u>End Date</u>
<u>Supervisor Name</u>		<u>Supervisor Phone</u>		<u>May we contact?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Describe your job duties:</u>				
<u>Reason for Leaving</u>				

Request for Verification of Employment

Applicant Release

Applicant Name

Last 4 of SSN

I hereby release from all liability the company, agency 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 agency and other third parties on a need to know basis. I also release the requesting agency from all liability for any damages from the disclosure of this information.

Applicant Signature

Date

Employment Information

For Previous Employer Use Only

The individual named below is applying for a position as a member of our administrative staff and has listed you as a previous employer. Your prompt response is appreciated.

Dates of Employment Begin _____ End _____ Eligible for rehire? Yes No

Position Held _____

Additional comments: _____

Person Providing Reference

Title

Signature

Date

Request for Verification of Unpaid or Family Caregiver Experience

N/A for Administrative Applicants

Applicant Release

Applicant Name

Last 4 of SSN

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

Applicant Signature

Date

Information about Experience

For Previous Care Recipient or Designated Representative Use Only

The individual named above is applying for a position as a Personal Care Attendant and has listed you or the person you represent as someone to whom they have previously provided care. Please complete the information below to the best of your ability. Your prompt response is appreciated.

Dates of Care (Approximate) Begin _____ End _____

Would you permit this person to care for you or a loved one again? Yes No

Please check any and all tasks with which this caregiver assisted you or your loved one:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Prepare meals | <input type="checkbox"/> Light Housework | <input type="checkbox"/> Medication reminder |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Brush/Style Hair | <input type="checkbox"/> Laundry | <input type="checkbox"/> Accompany to appointments | <input type="checkbox"/> Transfer (ex. bed to chair, etc.) |
| <input type="checkbox"/> Grooming
<i>(shave, apply makeup)</i> | <input type="checkbox"/> Skin Care | <input type="checkbox"/> Run errands
<i>(groceries, Rx)</i> | | |
| | <input type="checkbox"/> Eating / Drinking | | | |

Additional comments: _____

Person Providing Reference Print Name

Signature

Date

Criminal History / Background Information

The following pages are intended to be presented as an individual packet and are separate from the employment application.

These documents **should not** be attached to the employment application when provided to the applicant.

Completed documents **may** be returned with the employment application and do not have to be submitted separately.

SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

2. You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy

and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

5. You can dispute inaccurate items with the source of the information. If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.

8. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions Or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency, Compliance Management Mail Stop 6-6, Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation - Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051

Criminal History/Background Information This form must be completed, dated, and signed to be considered for employment, or to serve as a volunteer, contract worker, or member of the Helping Restore Ability Board of Directors.

OVERVIEW Helping Restore Ability (“the Company”) conducts criminal history/background checks, for lawful employment purposes, on final employment candidates, volunteers, independent contractors, and Board of Director applicants. This information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company in an employee, volunteer, independent contractor, or Board of Director capacity annually during your time of service.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal history and background, e.g., State of Texas Criminal History, Nurse Aid Registry, Employee Misconduct Registry, Office of the Inspector General (OIG); public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Criminal history records are reviewed as they relate to the content and nature of the position for which the applicant is seeking. A conviction/criminal history record does not necessarily disqualify an individual for employment or to be a volunteer, except for Convictions that are Automatic Bars to Employment as defined in Chapter 250.006 of the Texas Health and Safety Code. These records may not be released except by court order or written consent of the person being investigated.

Background information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. Criminal background checks obtained through a consumer reporting agency are subject to the Fair Credit Reporting Act (FCRA) A summary of your rights under the Fair Credit Reporting Act is being provided to you. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company.

Authorization to Obtain Criminal History / Background Information *(print information in black or blue ink only)*

The information requested below is used to obtain accurate criminal history/background information. It serves as a unique identifier in the event that names are similar to yours. The information requested below will not be used to determine eligibility for employment or for the position that you are seeking. Supplying information that identifies your age, gender and race is optional at this time, but it will be required if you are offered a position at Helping Restore Ability. It may also be issued for U.S. government statistical purposes.

Applicant Last Name		First	Middle	Maiden Name (if applicable)	
List All Aliases and/or Other Married Names (include dates each was used)				Gender (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number	Date of Birth	Age	Driver's License/ State Issued ID #	Select One <input type="checkbox"/> DL <input type="checkbox"/> ID	State of Issue
Race:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black / African-American	<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races	

I hereby authorize and consent to Helping Restore Ability’s procurement of a criminal history/background check. I understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment, volunteer work, independent contractor opportunity, or Board of Director responsibilities. I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Helping Restore Ability. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I further understand that such report(s) will be used to make inquiries regarding my criminal and conviction history (if any). I certify that the information contained above is true, correct and complete, including any and all aliases I have used as identification. I understand and authorize Helping Restore Ability to make inquiries regarding my criminal and conviction history for as long as I am employed, act as a volunteer, serve on the Board of Directors, or work as an independent contractor for the organization.

I included all information regarding criminal convictions date(s), nature of the offense(s), sentence(s) or penalties imposed, prison release date(s) and current status (e.g. parole, work release, probation) on my employment application. In addition, I included all information regarding confirmed abuse/neglect allegations on my employment application. I understand that my employment /engagement is pending the results of the criminal history check, and that I may not have face to face client contact until results are returned. I will be notified of results.

Applicant Signature			Date		
Office Use Only	Criminal History Check	<input type="checkbox"/> No Record	<input type="checkbox"/> No Conviction	<input type="checkbox"/> Conviction, No Bar to Hire	<input type="checkbox"/> Conviction, Bar to Hire (NO HIRE)
	Employee Misconduct Registry	<input type="checkbox"/> No Record	<input type="checkbox"/> Unemployable? NO	<input type="checkbox"/> Unemployable? YES (NO HIRE)	
	Nurse Aide Registry	<input type="checkbox"/> No Record	<input type="checkbox"/> Active	<input type="checkbox"/> Expired	<input type="checkbox"/> Lapsed <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked (NO HIRE)
	Medication Aide Registry	<input type="checkbox"/> No Record	<input type="checkbox"/> Active	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Revoked (NO HIRE)
	OIG Check	<input type="checkbox"/> No Record	<input type="checkbox"/> Record (NO HIRE)		
Note: Helping Restore Ability is to document its review of a conviction of any offense not listed in the THSC, §250.006 and it is determined the conviction is not a contraindication to employment. This space is for that purpose:					
Inquiries Made By:			Date:	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	

Please initial where indicated to acknowledge that you have read and understand the statement below.

Statement of Employability/ Volunteerism

Chapter 250.006 of the Texas Health and Safety Code requires that a criminal history check be completed on any person applying for a position whose duties involve direct contact with a Helping Restore Ability consumer. Applicants convicted of certain crimes will not be employed by Helping Restore Ability, serve as a volunteer or on the Helping Restore Ability Board of Directors. In addition, upon completion of monthly/annual criminal history checks, current employees, volunteers and Helping Restore Ability Board members found to have been convicted of certain crimes will be terminated immediately.

Note: Convictions that are automatic bars to employment, serving as a volunteer or as a board member do include convictions under the laws of another state, federal law or the Uniform Code of Military Justice for an offense containing crimes that are substantially similar to the crimes listed below.

_____ **My initials acknowledge that I have reviewed this information and understand that conviction of any of the following offenses under the Texas Penal Code are automatic bars to employment with, volunteerism for, and/or service on the Helping Restore Ability Board of Directors.**

Convictions under the Texas Penal Code resulting in automatic bar to employment, volunteerism, and/or service on the Helping Restore Ability Board of Directors **for the lifetime of the applicant:**

Chapter 19	Homicide, which includes murder, capital murder, manslaughter and criminally negligent homicide	Section 22.041	Abandoning or endangering a child
		Section 22.05	Deadly conduct
		Section 22.07	Terrorist threat
Chapter 20	Kidnapping and unlawful restraint	Section 22.08	Aiding suicide
Section 21.02	Continuous sexual abuse of young child or children	Section 25.031	Agreement to abduct from custody
		Section 25.08	Sale or purchase of a child
Section 21.08	Indecent exposure	Section 28.02	Arson
Section 21.11	Indecency with a child	Section 29.02	Robbery
Section 21.12	Improper relationship between educator and student	Section 29.03	Aggravated robbery
Section 21.15	Improper photography or visual recording	Section 33.021	Online solicitation of a minor
Section 22.011	Sexual assault	Section 34.02	Money laundering
Section 22.02	Aggravated assault	Section 35A.02	Medicaid fraud
Section 22.021	Aggravated sexual assault	Section 36.06	Obstruction or retaliation
Section 22.04	Injury to a child, elderly individual or disabled individual	Section 42.09	Cruelty to animals including livestock animals
		Section 42.092	Cruelty to non-livestock animals

Convictions under the Texas Penal Code resulting in automatic bar to employment, volunteerism, and/or service on the Helping Restore Ability Board of Directors **before the 5th anniversary of the date of conviction:**

Section 22.01	Assault that is punishable as a class A misdemeanor or as a felony	Section 37.12	False identification as a peace officer
Section 30.02	Burglary	Section 42.01	Disorderly conduct under subsection
Chapter 31	Theft that is punishable as a felony		7 – discharges a firearm in a public place
Section 32.45	Misapplication of fiduciary property or property of a financial institution that is punishable as a class A misdemeanor or as a felony		8 – displays a firearm or other deadly weapon in a public place in a manner calculated to alarm
			9 – discharges a firearm on or across a public road
Section 32.46	Securing execution of a document by deception that is punishable as a class A misdemeanor or as a felony		

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____ acknowledge that a Computerized Criminal History (CCH) verification 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

Helping Restore Ability

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl _____	Vol/Contrator _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	