

## PROVIDER PERSONNEL FILE CONTENTS

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  - \_\_\_\_\_ Copy of Auto Insurance
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- 

GOLDEN YEARS HOMECARE SPECIALISTS

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

DATE OF APPLICATION: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_

**GOLDEN YEARS HOMECARE SPECIALISTS  
APPLICATION FOR EMPLOYMENT**  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE ALL PAGES** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME  
 PER VISIT  CONTRACT

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets or resume if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

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**APPLICATION FOR EMPLOYMENT**

**Work experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

GOLDEN YEARS HOMECARE SPECIALISTS

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **GOLDEN YEARS HOMECARE SPECIALISTS** (hereinafter called "the Agency"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Agency, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner or administrator of the Agency. Both the undersigned and the Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contract.

I further understand that my employment with the Agency shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Agency depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Agency.

# GOLDEN YEARS HOMECARE SPECIALISTS

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## REFERENCE VERIFICATION FORM

**DEAR APPLICANT: PLEASE COMPLETE ONLY THE NAME AND TELEPHONE NUMBER OF THE COMPANY / AGENCY TO BE CONTACTED FOR REFERENCE VERIFICATION.**

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY / AGENCY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ DUTIES: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ - TO: \_\_\_\_\_ ELIGIBLE FOR REHIRE? YES NO

REASON FOR LEAVING: \_\_\_\_\_

	EXCELLENT	ABOVE AVERAGE	AVERAGE	UNACCEPTABLE
QUALITY OF WORK				
COMMUNICATION SKILLS				
INTERPERSONAL SKILLS				
PROFESSIONAL COMPETENCY				
DEPENDABILITY				

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

Telephone Reference Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Given By: \_\_\_\_\_ Title: \_\_\_\_\_

# **GOLDEN YEARS HOMECARE SPECIALISTS**

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## **REFERENCE VERIFICATION FORM**

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APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

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POSITION: \_\_\_\_\_ DUTIES: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ - TO: \_\_\_\_\_ ELIGIBLE FOR REHIRE? YES NO

REASON FOR LEAVING: \_\_\_\_\_

	EXCELLENT	ABOVE AVERAGE	AVERAGE	UNACCEPTABLE
QUALITY OF WORK				
COMMUNICATION SKILLS				
INTERPERSONAL SKILLS				
PROFESSIONAL COMPETENCY				
DEPENDABILITY				

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

Telephone Reference Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Given By: \_\_\_\_\_ Title: \_\_\_\_\_

# GOLDEN YEARS HOMECARE SPECIALISTS

## ORIENTATION CHECKLIST

EMPLOYEE NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORIENTATION TO:	YES	NO	DATE
<i>ADMINISTRATIVE POLICIES</i>			
<b>MISSION STATEMENT AND PHILOSOPHY</b>			
<b>CODE OF ETHICS</b>			
<b>STAFF REFUSAL TO PARTICIPATE IN PATIENT CARE</b>			
<b>CONFLICT OF INTEREST STATEMENT</b>			
<b>PROHIBITION OF SOLICITATION OF PATIENTS</b>			
<b>RETALIATION PROHIBITED</b>			
<b>EMPLOYEE GRIEVANCES AND COMPLAINTS</b>			
<b>AMERICANS WITH DISABILITY ACCOMMODATIONS</b>			
<b>GUIDELINES FOR EFFECTIVE COMMUNICATION WITH SENSORY IMPAIRED PATIENTS</b>			
<b>LIMITED ENGLISH PROFICIENCY AND IMPAIRMENTS IN COMMUNICATION</b>			
<i>PERSONNEL POLICIES</i>			
<b>EMPLOYEE ORIENTATION</b>			
<b>EMPLOYMENT OPPORTUNITIES</b>			
<b>CLASSIFICATION OF EMPLOYEES</b>			
<b>EMPLOYEE DEVELOPMENTAL PROGRAMS AND COMPETENCY</b>			
<b>PROFESSIONAL STANDARDS OF PRACTICE AND PEER REVIEW</b>			
<b>DISCLOSURE OF DRUG TESTING</b>			
<b>DISCIPLINARY ACTION AND EMPLOYEE COUNSELING</b>			
<b>SEXUAL AND OTHER HARASSMENT</b>			
<b>TERMINATION</b>			
<i>INFECTION CONTROL POLICIES</i>			
<b>INFECTION CONTROL PLAN</b>			
<b>EXPOSURE CONTROL PLAN: OSHA REGULATIONS</b>			
<b>GENERAL INFORMATION, INFECTION CONTROL AND UNIVERSAL PRECAUTIONS</b>			
<b>DISPOSAL OF, INFECTIOUS, SPECIAL WASTE AND OR MEDICAL WASTE</b>			
<b>EMPLOYEE INFECTION CONTROL TRAINING</b>			
<b>BLOODBORNE PATHOGEN STANDARDS</b>			
<b>HEPATITIS B, HEPATITIS B VACCINE AND TUBERCULOSIS</b>			

PERSONAL PROTECTIVE EQUIPMENT GUIDELINES			
EMPLOYEE EPIDEMIOLOGICAL ILLNESSES			
HEALTH GUIDELINES FOR EMPLOYEES WITH INFECTIOUS DISEASES			
SPECIFIC PROCEDURES FOR EMPLOYEE AND PATIENT INFECTION CONTROL TRAINING			
SUPPLY MAINTENANCE			
HOUSEKEEPING REQUIREMENTS FOR BLOODBORNE PATHOGENS			
<i>SAFETY</i>			
STAFF EDUCATION			
SAFETY IN THE COMMUNITY GUIDELINES			
<i>CLINICAL POLICIES</i>			
PATIENT WELCOME LETTER			
CONFORMANCE WITH INDIVIDUALIZED SERVICE PLAN			
MISSED HOURS REPORTING			
PATIENT SECURITY, PRIVACY, AND PROPERTY			
PATIENT AND FAMILY RESPONSIBILITIES			
PATIENT / FAMILY EDUCATION			
REPORTABLE CONDUCT AND REPORTING SUSPECTED ABUSE, NEGLECT, AND EXPLOITATION			
USE OF RESTRAINTS			
EMERGENCIES IN THE HOME			
CARE OF THE DYING PATIENT			
HOME SAFETY MEASURES			
<i>HIPAA POLICIES</i>			
HIPAA TRAINING PROGRAM			
USES AND DISCLOSURES OF PROTECTED HEALTH INFO (PHI)			
NOTICE OF PRIVACY PRACTICES			
PRIVACY RULES			
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT			
PRIVACY COMPLAINTS AND INVESTIGATIONS			
REPORTING UNAUTHORIZED USE AND DISCLOSURE			
SAFEGUARDS TO PROTECT PHI WITHIN THE AGENCY			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# GOLDEN YEARS HOMECARE SPECIALISTS

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## CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

To ensure the Agency is in compliance with the HIPAA regulations and to ensure the protection of Protected Health Information (PHI) and the prevention of unauthorized use the Agency will authorize those persons allowed to have access to PHI. The Agency must also ensure that what PHI is used by such authorized persons must be what is minimally necessary to perform / carry out the job duty / function.

By signing this agreement, I agree to comply with the Agency's policies and procedures pertaining to PHI. Failure to do so will result in progressive disciplinary action including termination as applicable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

GOLDEN YEARS HOMECARE SPECIALISTS

# **GOLDEN YEARS HOMECARE SPECIALISTS**

THIS IS TO CERTIFY THAT

On \_\_\_\_\_, 20\_\_\_\_\_,  
(month) (day) (year)

\_\_\_\_\_, \_\_\_\_\_  
(name) (title)

Attended and Completed the  
HIPAA In-Service Training Program Titled:

**“Understanding HIPAA’s Privacy Rule”**

Topics Included:

- An overview of the HIPAA guidelines and regulations relative to the protection of of patient and Agency information;
- A review of the Agency’s HIPAA policies and procedures;
- A review of the Agency’s policies regarding the sharing of passwords and user ID codes, unauthorized use and reporting of such;
- The purpose of the Agency’s user confidentiality agreement;
- The identity and location of the Agency’s HIPAA Compliance Officer; and

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Presenter’s Signature)

**GOLDEN YEARS HOMECARE SPECIALISTS**

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**EMPLOYEE COMPLIANCE**

**I, \_\_\_\_\_, have read, understand, and  
will comply with all applicable Agency policies.**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

GOLDEN YEARS HOMECARE SPECIALISTS

GOLDEN YEARS HOMECARE SPECIALISTS JOB DESCRIPTION  
ATTENDANT - PROVIDER

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QUALIFICATIONS:

- **Must be at least 18 years of age and demonstrate competency, when competency cannot be determined through education and experience, to perform the tasks assigned by the Supervisor or**
- **If under the age of 18 years of age, must be a high school graduate or (are enrolled in a vocational educational program) and must demonstrate competency to perform the tasks assigned by the Supervisor**
- **Have a sympathetic attitude towards the care of the sick**
- **Be able to read, write, and comprehend English**
- **Be able to carry out directions**
- **Show a high level of maturity and be able to deal effectively with the demands of the job**
- **Not be listed in the Employee Misconduct Registry or the Nurse Aide Registry**
- **Not have been convicted of an unemployable felony or misdemeanor during a Criminal History Check**

RESPONSIBILITIES:

- **Provides safe and effective personal care to the assigned clients.**
- **Follows Universal Precautions and washes hands before and after the care of each client.**
- **Completes all work assignments, turns in time sheets as required by Agency policy**
- **Understands and adheres to established policies and procedures of the Agency.**
- **Adheres to Agency standards and consistently interprets and accurately performs all assigned responsibilities.**
- **Maintains acceptable attendance status.**
- **Reports incomplete work assignments to the Supervisor.**
- **Appearance is clean and well groomed.**
- **Attends all mandatory in-service programs as scheduled.**
- **Maintains clean and neat work environment.**
- **Demonstrates sound judgment and decision making.**
- **Coordinates care with the Supervisor and reports changes in the client's condition.**
- **May participate in the Agency's PI meetings.**
- **Reports directly the Supervisor.**

I have read the above job description and fully understand the conditions set forth therein, and if employed as an Attendant - Provider, I will perform these duties to the best of my knowledge and ability.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# GOLDEN YEARS HOMECARE SPECIALISTS

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Rev 06/01/06

## DISCLOSURE OF DRUG TESTING

### POLICY

**The Agency will provide a written statement describing the Agency's policy for drug testing of employees who have direct contact with clients to each person applying for services from the Agency and any person requesting the information.**

The Agency recognizes its responsibility to protect its' employees and clients from the dangers posed by the use of illegal drugs, misuse of controlled substances, and the effects of alcohol use in the office or in the home setting. Employees who illegally use drugs, misuse drugs or use alcohol on the job create a serious risk to the safety, security and health of themselves, other employees and clients.

- In compliance with state and federal law, the Agency forbids any illegal or improper use of drugs and/or alcohol by its employees while on duty. (On duty includes rest periods, meal breaks, and on-call hours).
- The Agency forbids selling, dispensing, distributing, possessing or manufacturing drugs, drug paraphernalia, alcohol, or controlled substances during work hours or during any work-related activities.
- Any employee who is found to have violated this policy will be disciplined or terminated.
- An exception to this policy covers any employee who, under the direction of a physician, is taking prescribed medication while at work, while using agency equipment, while conducting agency business, or while on breaks. In this circumstance, it is the responsibility of the employee to report the use of the prescribed medication that might affect job performance before job performance is actually impaired.

### PROCEDURE

At Will Testing:

**The Agency does not routinely test for drugs or alcohol; however, the Agency may, at will, request an employee to submit to a drug and or alcohol test if the employee is suspected of being under the influence. The Agency will not tolerate such use or possession of illegal drugs or alcohol. The Agency reserves the right to require a drug screen. Alcohol or drug use may be evidenced by odor of alcohol on the employee's breath or by inappropriate behavior or performance on the job. Testing may also be done after a work-related accident and as a condition for employment.**

Prescription Medications:

If the employee is on prescription medication, it is the employee's duty to report the use of prescribed medication that might affect job performance before job performance is actually impaired. Reporting or excuses "after the fact" are not sufficient to limit or modify disciplinary or remedial actions taken. For the purpose of this policy, individuals who report to work or perform work while impaired or under the influence of a prescribed medication, the usage of which has not been reported previously, will be treated as having reported to work impaired or under the influence of a drug, and thus in violation of the policy.

Employee Assistance:

Employees in need of assistance in dealing with alcohol or drug-related problems are encouraged to seek professional help prior to the necessity for application of this policy and corresponding procedure. Any employee who violates the above prohibitions will be subject to termination of employment or other relationship with the Agency or, at the Agency's sole discretion, be required to satisfactorily participate in a drug and/or alcohol abuse assistance or rehabilitation program.

Method By Which Drug Testing Is Conducted:

The method(s) for drug testing will be either by urine, blood or breathalyzer data.

By signing this form, I, \_\_\_\_\_ acknowledge that I have

(PRINT YOUR NAME LEGIBLY)

read, understand and will comply with the Agency's drug testing policy.

\_\_\_\_\_  
(EMPLOYEE SIGNATURE)

\_\_\_\_\_  
(DATE)

# **GOLDEN YEARS HOMECARE SPECIALISTS**

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## **HEPATITIS B NOTIFICATION ACCEPTANCE**

Because of my occupational exposure to a blood and/or other potentially infectious materials, and my possible risk of acquiring Hepatitis B virus (HBV), it is my wish to receive the vaccination series offered by the Agency. I understand there will be no charge to me for this series of injections. I am aware, and signify by my signature below, that the Agency will monitor the administration of this vaccination series to me.

\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_  
Agency Representative Signature / Date

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## **HEPATITIS B NOTIFICATION DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_  
Agency Representative Signature / Date

# GOLDEN YEARS HOMECARE SPECIALISTS

Revised 09/01/09

## Criminal History Check: Notification and Statement of Employability

I acknowledge that I have been informed by the Agency that a criminal history and Employee Misconduct or Nurse Aide Registry check will be performed on my name. I have informed this Agency of all names (for example, maiden name, aliases) that I have used in the past. I also understand that if I have been listed in either registry or convicted of the following offenses, that I cannot be employed by this Agency.

### A. I have not ever been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.11, Penal Code (indecenty 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);
- An offense under Section 29.03, Penal Code (aggravated robbery); or
- An offense under section 21.08, Penal Code (indecent exposure);
- 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 22.05, Penal Code (deadly conduct);
- An offense under section 22.021, Penal Code (aggravated sexual assault);
- An offense under section 22.07, Penal Code (terroristic threat);
- 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 elements that are substantially similar to the elements of an offense listed in this section, and
- An offense that the Agency determines to be a contra-indication to employment with the consumers the Agency serves.

### B. I have not been convicted of the following crimes within five years of this date:

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

**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 is true and complete to the best of my knowledge.**

**Applicant Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_