

ROBERT LEE CARE CENTER

PO BOX 1209
ROBERT LEE, TX 76945
(325) 453-2511

WHERE CARE AND HEART GO HAND IN HAND

CONSENT FOR CRIMINAL RECORD CHECK

This long term care facility is required by law under Chapter 250 of the Health and Safety Code to perform a criminal record check on perspective employees.

The following convictions are automatic bar to employment

Murder	Agreement to abduct from custody
Manslaughter	Indecency with child
Criminal homicide	Sale/purchase of a child
Arson	Abandoning or endangering a child
Sexual assault	Kidnapping / agg kidnapping
Aggravated assault	False imprisonment
Robbery / agg robbery	Injury to a child, elderly individual, or disabled
Aiding suicide individual	

Felony theft-employment cannot occur before the fifth anniversary of the conviction of the date of conviction.

I understand that a conviction may, depending upon the nature and severity of the crime, have an adverse effect on my potential employment with this facility.

I, the undersigned, give my permission for Robert Lee Care Center to verify the existence or absence of any criminal record in accordance with the requirements of Section 76.102 and Section 76.105 of the Health and Safety Code Criminal History Check Policy and Procedure.

The facility endorses a commitment of equal employment opportunity and has and will continue to ensure fair and equal treatment for all without regard to race, color, creed, sex, handicap, religion, or age. I hereby willingly furnish my date of birth for the sole purpose of performing above granted criminal record check.

DOB: _____

Last Name

First Name

Middle Name

Nick Name

Maiden Name

Other names you have used

Signature of Applicant

Date