

**CRIMINAL HISTORY & EMPLOYEE MISCONDUCT REGISTRY
VERIFICATION**

Position applying for: _____

Applicants Name (Print): _____

Race / Ethnicity: _____ Sex: () M () F

Date of Birth: _____ Social Security Number: _____ - ____ - _____

Other names (aliases, married names, maiden, etc....) _____

I understand that state law requires that Denton Rehabilitation and Nursing Center search my criminal history, the Employee Misconduct Registry* and the DHS Nurse Aide Registry* and must be completed on all applicants before hiring. I authorize Denton Rehabilitation and Nursing Center to conduct this search.

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

DENTON COUNTY INTERNET SEARCH

Date of search: _____ Completed by: _____
Initials
 No info found Source of info – (see attached)

TEXAS DEPT. OF PUBLIC SAFETY INTERNET SEARCH

Date of search: _____ Completed by: _____
Initials
 No info found Source of info – (see attached)

1-800-452-3934 Press 1, Press 2, Press 1	1-800-452-3934 Press 1, Press 3, Press 1	1-800-452-3934 Press 1, Press 1, Press 1
EMPLOYEE MISCONDUCT REGISTRY	NURSE AIDE REGISTRY	CERTIFIED MED AIDE REGISTRY
YES NO	Certificate Last Name _____	Certificate Last Name _____
	Certificate # _____	Certificate # _____
	Exp. Date _____	Exp. Date _____
	Active Certificate YES NO	Active Certificate YES NO
INITIALS _____ DATE _____	INITIALS _____ DATE _____	INITIALS _____ DATE _____

*A facility may not employ a person who is listed in either (Employee Misconduct Registry or DHS Nurse Aide Registry) as having abused, neglected, or exploited a resident or a consumer of a facility.