



Preferred Therapy Services
2350 Airport Freeway Suite 455
Bedford, TX 76022
Office phone number: (817) 508-0030
(817) 991-5457
Fax: 1-877-267-4771

CRIMINAL RECORDS SEARCH AND
BACKGROUND INVESTIGATION
AUTHORIZATION

I understand that Eric Powell & Associated d/b/a Preferred Therapy Services is seeking background check data as part of my application for employment. I acknowledge that I have been informed of my rights including:

- 1) The right to be informed that Eric Powell & Associated d/b/a Preferred Therapy Services requests a background check on me to determine whether I have been convicted of any Background Check Crime.
2) The right to be informed by Eric Powell & Associated d/b/a Preferred Therapy Services requests of the response to the background check and to obtain, if I request in writing, a copy of the background check report.
3) The right to obtain from the agency any records that forms a basis for the report.
4) The right to challenge the accuracy and completeness of any information contained in the report under the relevant provisions of the Data Practices Act.
5) The right to be informed if my application for employment with Eric Powell & Associated d/b/a Preferred Therapy Services has been denied because of the response.

I understand that this information will be used for purposes of identification and employment only and will not be used for discriminatory purposes. Federal and State law prohibits discrimination in employment on the basis of age, race, color, creed, religion, sexual orientation, disability, national origin and other categories.

Full name: \_\_\_\_\_

Maiden name(s), nickname(s), or other name(s) used: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address for the last three years:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Driver License # and State: \_\_\_\_\_

Is your driver license valid? Yes No If no, please give details: \_\_\_\_\_

I hereby authorize Eric Powell & Associated d/b/a Preferred Therapy Services to obtain the following information in connection with my application for employment. I acknowledge that Eric Powell & Associated d/b/a Preferred Therapy Services has informed me that it make use of this information in approving or denying my application for employment. I hereby authorize Eric Powell & Associated d/b/a Preferred Therapy Services to make use of the above reference information and release Eric Powell & Associated d/b/a Preferred Therapy Services from liability with this information.

I understand that my background check will include a search of the NAR (Nurse Aide Registry), Medication Aide Registry and Employee Misconduct Registry. Both searches will be done through the DADS website at:

www.dads.state.tx.us/providers/employability/eseach.cfm



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This search will return consolidated results from DADS' Nurse Aide Registry, Medication Aide Registry and Employee Misconduct Registry. Results will include subject's status on the individual registries and determination if this status makes me unemployable in a regulated facility/agency. I understand that any unlicensed, volunteer or contractor listed, by state regulations, is barred from employment or contracting with the agency.

I, \_\_\_\_\_ affirm that I have never been convicted of any of the following offenses: criminal homicide, kidnapping and false imprisonment, indecency with a child, agreement to abduct from custody, solicitation of a child, abandoning or endangerment to a child, robbery, aggravated robbery, injury to a child, elderly or disable person, sexual assault, aiding a suicide, aggravated assaults, or arson.

I affirm that I have never been convicted of any of the following offenses, with exception of a Class C Misdemeanor: assault, burglary and criminal trespassing, theft, weapons, fraud, public lewdness, indecent exposure, public indecency, felony violation of a Statue to Control the Possession or Distribution of a Substance included in Chapter 418 of the Health and Safety Code.

My signature below confirms that I have read this form and certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in termination of my employment. A copy of this authorization shall have the same authority as the original.

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