

## DPS Computerized Criminal History (CCH) Verification

### (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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

Colonial Lodge Assisted Living  
\_\_\_\_\_  
Agency Name (Please print)

Shane Kubacak, VP of Operations  
\_\_\_\_\_  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl ____	Vol/Contractor ____	_____ initial
Date _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		



# COLONIAL LODGE

*Assisted Living &  
Alzheimer's Care*

## **Pre-Employment Screening Criminal History Background Checks**

Notice: Texas Law requires that criminal history checks be completed on all applicants prior to employment in an Assisted Living Facility.

The following information is needed in order for Shamor, Inc. dba Colonial Lodge to complete your criminal history check. The information we obtain will be kept confidential and will become part of your personnel file, if hired.

### **Information / Documents Needed to Verify Criminal History**

Applicant's Name: \_\_\_\_\_

1. Copy of Driver License (ID Card) and Social Security Card
2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Gender:        Male \_\_\_\_\_ Female \_\_\_\_\_
4. Have you ever used a different last name?    Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, please list the name(s) below (example: Maiden Name, previous married names, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Applicant:

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date

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

Criminal History Verified by: \_\_\_\_\_

\_\_\_\_\_  
Date

3600 Stanford St., Greenville, TX 75401

903-454-6636

[www.coloniallodgetx.com](http://www.coloniallodgetx.com)



## Assisted Living Facility Background Disclosure Statement for Applicants for Employment

### Section I – Facility Information

**Instructions:** Facilities must complete Section 1 of this disclosure statement and provide it to any applicant who applies for employment at the facility or incorporate the language provided in Section 2 into their facility application for employment. If an applicant for employment indicates on this disclosure statement or on the facility application for employment that they have lived in another state within the past five years, the facility must conduct a name-based criminal history check in each state in which the applicant previously resided within the 5-year period.

Facility Name Colonial Lodge Assisted Living & Memory Care	License No. 000826 / 101527	Area Code and Phone No. 903.454.6636
Address (Street, City, State and ZIP Code) 3600 Stanford St. Greenville, TX 75401		
Manager Shane Kubacak	Date Disclosure Statement Completed February 1, 2023	

### Section II – Applicant Information

**Instructions:** Complete section, sign and return to facility manager.

Applicant Name	Applicant Area Code and Phone No.	Applicant Date of Birth (optional)
Applicant Address (Street, City, State and ZIP Code)		Date Disclosure Statement Completed

I have been convicted of an offense described in Texas Health and Safety Code Section 250.006: ☐ Yes ☐ No

I have lived in a state other than Texas within the past five years of the date of completion of this form: ☐ Yes ☐ No

If yes, list of states applicant has lived in other than Texas within the past five years:

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Signature of Applicant

Date



# COLONIAL LODGE ASSISTED LIVING & MEMORY CARE Application For Employment

Colonial Lodge Assisted Living & Memory Care is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address

City

State

Zip

Phone Number

Date of Birth

Social Security Number

Are You A U.S. Citizen?

Yes ☐

No ☐

Have You Ever Been Convicted Of A Felony?

Yes ☐

No ☐

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes ☐

No ☐

## Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

☐ Full Time

☐ Part Time

☐ Seasonal/Temporary

## Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	