



SUPPLEMENTAL EMPLOYMENT VERIFICATION/REFERENCE CHECK

Applicant: Please complete a separate form for each employer listed on your Employment Application. Do not fill in any of the form after the space for your signature.

REQUEST FOR VERIFICATION/ REFERENCE CHECK

To: (Name and address of employer)	From: Houston Area Community Services, Inc. 2150 West 18 th Street, Suite 300 Houston, Texas 77008 Phone: 832.384.1387	Fax: 713.979.3651
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Name of Applicant:	Applicant's Social Security Number:
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I voluntarily give Houston Area Community Services, Inc. the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying said information.

Applicant Signature:	Date:
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APPLICANT: STOP HERE. DO NOT FILL IN ANY OF THIS FORM BELOW THIS LINE

For Former Employer Use:

The Texas Civil Practice and Remedies Code, Chapter 81.003, addresses liability issues for organizations who hire individuals to work in "mental health services". As per the legislative statute, HACS is required to ask the following:

Do you have any evidence to indicate this individual may have been involved in any incident of sexual exploitation or abuse, sexual contact or therapeutic deception of clients or former clients of the mental health provider?

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During the individual's employment with your agency, have there been any allegations filed against him/her for sexual exploitation or abuse, sexual contact or therapeutic deception?

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If so, what was the outcome of the investigation/allegation?

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Name of Reference Completing This Form

Date

Signature of Reference