



**CONSENT TO PERFORM CRIMINAL BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial	
Maiden or other name(s) used in any and all other records of birth or records of residence.			<b><u>Position Applying For</u></b>
* Address		Apartment or #	
City		County	
State	Zip	**Gender	**Race
** Driver's License No.	**Driver's License State	** Date of Birth	Social Security Number

**\*AS SHOWN ON THE ORIGINAL APPLICATION**

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. \_\_\_ YES \_\_\_ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic violations). If yes, please provide details below.

State:	County:	Date of Offense:	Details of Offense:

2. \_\_\_ YES \_\_\_ NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:	Details of Offense:

3. \_\_\_ YES \_\_\_ NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:	Details of Offense:

4. \_\_\_YES \_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

State:	County:	Date of Offense:	Details of Offense:

5. \_\_\_YES \_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State:	County:	Date of Offense:	Details of Offense:

**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.**

CITY/TOWN	COUNTY	STATE

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**APPLICANT (PRINT NAME)** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_  
*(You may fax completed form to HR at 409-933-8035)*

Human Resources Authorization to Run Background Check: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Authorization to Run Student Worker Background Check: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  NOT Approved Police Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  NOT Approved Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_