

The Texas A&M University System  
System Offices

HR 32 (7/11)

## Background Check Authorization

*With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.*

### An Equal Opportunity/Affirmative Action Employer

The Texas A&M University System Offices (System Offices) does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of System Offices.

### To be completed by the applicant/employee:

**Provide all information requested and deliver or fax this form to Human Resources at (979) 458-6168.**

**Provide name as it appears on Social Security card.**

\_\_\_\_\_  
First name Middle name Last name

\_\_\_\_\_  
Current address (Number and street) City State ZIP

\_\_\_\_\_  
Race Sex Date of birth Social Security Number

System Offices may obtain my background information, including criminal history record, Selective Service registration and degree verification at any time during my application process and/or employment. I understand this information will be used only for evaluation for employment or continued employment with System Offices.

I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish System Offices, or its agent, my background records. I do hereby release all agents, servants, and employees of System Offices, the person in charge of any law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the release of this information.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine.)

1. Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense?

Yes  No If yes, please provide details below. Attach extra pages if needed.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
(MM/DD/YY)

Details of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes  No If yes, please provide details below. Attach extra pages if needed.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
(MM/DD/YY)

Details of offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal criminal offense?  
\_\_\_ Yes \_\_\_ No If yes, please provide details below. Attach extra pages if needed.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
(MM/DD/YY)

Details of offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?  
\_\_\_ Yes \_\_\_ No If yes, please provide details below. Attach extra pages if needed.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
(MM/DD/YY)

Details of offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States?  
\_\_\_ Yes \_\_\_ No If yes, please provide details below. Attach extra pages if needed.

Country: \_\_\_\_\_ State/Province: \_\_\_\_\_ Date of Offense: \_\_\_\_\_  
(MM/DD/YY)

Details of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. As of the date of this consent form, do you have any pending charges against you? \_\_\_ Yes \_\_\_ No  
If yes, please provide details below. Attach extra pages if needed.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_  
(MM/DD/YY)

Details of pending charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that a facsimile or copy of this document shall have the same validity, force and effect as the original.

System Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures.

I hereby certify that all information provided by me on this form is true, complete, and correct. **I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future A&M System employment.**

\_\_\_\_\_  
*Applicant signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Job title of open position* \_\_\_\_\_  
*Department*

# 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
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 Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	