

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

Texas A&M University 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 (909) 111 1111.

Last name _____ *First name* _____ *Middle initial (Provide name as it appears on Social Security card)* _____

Present 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's signature *Date*

Job title of open position *Department*