



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-Kingsville does not discriminate on any basis prohibited by applicable law including race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, veteran's status or genetic information in recruitment, employment, promotion, compensation, benefits, or training. The information on this form is the property of TAMU-K Human Resources Office.

To Be Completed by the Applicant/Employee

Provide all information requested and deliver or fax this form to the Hiring Department.

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 **OR** VISA Number

Texas A&M University-Kingsville 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 Texas A&M University-Kingsville.

I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish Texas A&M University-Kingsville, or its agent, my background records. I do hereby release all agents, servants, and employees of Texas A&M University-Kingsville, 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 been convicted or pled guilty before a court for any offense requiring registration as a sex offender? ____Yes ____No
If yes, please provide details below. Attach extra pages if needed.

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

Details of conviction: _____

3. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal 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: _____

4. Have you ever received pre-trial diversion or similar disposition for any federal, state or municipal 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: _____

5. Have you ever received probation or community supervision for any federal, state or municipal 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: _____

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

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

Details of conviction: _____

7. 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 conviction: _____

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

To be completed by Hiring Department: (Forward to UPD to process)

Responsible Hiring Authority: _____

Account Number To Be Charged: _____

Date: _____

Applicant's Position (please check one)

____ Faculty ____ Grad Asst.

____ Staff ____ Student

To Be Completed by University Police Department

Signature: _____

Date: _____

- Staff forms – send to Human Resources when completed
- Faculty forms – send to Provost when completed
- Student forms – send to Human Resources when completed



Stamped Received

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH)
APPLICANT or EMPLOYEE NAME (Please Print)

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 the 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, the organization conducting the criminal history check for background screening is not allowed to discuss 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 complete the information on my fingerprint criminal history record may be discussed with me.

In order to complete this 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 or by calling the DPS program Vendor at 1-888-467-2080, submit a full and complete set of my 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 Texas A&M University-Kingsville Police Department. Required for future DPS Audits

Signature of Applicant or Employee

Date

Texas A&M University – Kingsville
Agency Name (Please Print)

Signature of Agency Representative

Date

Please: Check and Initial Each Applicable Space	
CCH Report Printed:	
YES ___ NO ___	___ Initial
Purpose of CCH: <u>Employment</u>	
Empl _____	___ Initial
Date Printed: _____	
	___ Initial
Destroyed Date: _____	
	___ Initial
Retain in your files	