



## BACKGROUND CHECK DISCLOSURE NOTICE – AUTHORIZATION FORM

Texas AgriLife Research ♦ Texas AgriLife Extension Service

**THIS SECTION TO BE COMPLETED BY HIRING UNIT**

<b>Return results to:</b> _____ Hiring Unit/Dept/District _____ Vacant Position Title _____	<b>ADLOC:</b> <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 20 Prospective supervisor: _____ NOV # _____
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-----THE REMAINDER OF THIS FORM TO BE COMPLETED BY THE APPLICANT-----

Last Name	First Name	Middle Name	UIN (if available)
Other name(s) used in any and all other records of birth or records of residence			
* Street Address		Apartment #	
City	County	State	Zip
** Date of Birth	** Social Security Number	** Gender	** Race
<i>** To be used solely for the purpose of conducting a background check</i>			

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 either Agency and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Agency and its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative Information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency and any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

**The following are my responses to questions about my criminal history, if any.** (Exclude minor traffic offenses punishable only by fine. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, ATTACH DETAILS ON A SEPARATE SHEET OF PAPER TO INCLUDE THE STATE, COUNTY, DATE OF OFFENSE, AND DETAILS OF THE CONVICTION.)

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
4. Have you ever received probation or community supervision for any federal, state or municipal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
6. As of the date of this consent form, do you have any pending charges against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach an extra page with the details including state, county, date of arrest and details of the arrest.)

