



Waller Independent School District

www.wallerisd.net

Human Resource Office: 2214 Waller Street, Waller, Texas 77484 Phone: 936-931-0308 Fax: 936-372-9151 e-mail: mbrooks@wallerisd.net

Background Check Authorization Form (Form will be forwarded to HR for processing)

Please check the appropriate position(s):

- Volunteer
- Volunteer Mentor
- Student Teacher
- Classroom Observer
- New Hire – fingerprint process necessary
- Substitute – fingerprint process necessary

Please check the appropriate campus/department:

- | | |
|---|--|
| <input type="checkbox"/> Fields Store Elem. | <input type="checkbox"/> Schultz Junior High |
| <input type="checkbox"/> Holleman Elem. | <input type="checkbox"/> Waller Junior High |
| <input type="checkbox"/> Jones Elem. | <input type="checkbox"/> Waller High School |
| <input type="checkbox"/> Roberts Road Elem. | <input type="checkbox"/> School Nutrition |
| <input type="checkbox"/> Turlington Elem. | <input type="checkbox"/> Maintenance/Custodial |
| | <input type="checkbox"/> Transportation |

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK AUTHORIZATION 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.

APPLICANT'S SIGNATURE: _____ Date: _____

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.

Applicant Email Address: _____

Address Apartment or # () - Phone#

City County State Zip

** Date of Birth **Social Security Number** Gender **Race

**CONFIDENTIAL - INFORMATION TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY

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 misdemeanors).
If yes, please provide details below.

State: _____ County: _____ Date of Offense: / /

Details of conviction: _____

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 supervision: _____

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.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

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 Arrest _____

Details of pending charges: _____

LIST ALL COUNTIES AND STATES OF RESIDENCE (since 10 years ago):

CITY/TOWN	COUNTY	STATE

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 hereby affirm that all information provided in this form is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. 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. I acknowledge that facsimile, copy or email shall be as valid as the original.