

Please complete all sections listed in Red. Incomplete applications will not be processed.

CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

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.

* Address/ Apartment # (If applicable)

City County State Zip

DOB Please Select

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

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

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 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. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

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 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 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 _____ 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.

State: _____ County: _____ Date of Offense _____ 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 _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING ANY OFFERS OF EMPLOYMENT OR TERMINATING EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Date Signed:

APPLICANT (PRINT NAME) _____

APPLICANT SIGNATURE _____

Computerized Criminal History (CCH) Verification Form (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing Backgroundchecks.com and the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the 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 name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, 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, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

- For Agency Use Only -

Signature of Applicant or Employee

Date Signed

Date

Pegasus School of Liberal Arts & Sciences

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please Check and Initial each Applicable Space:
CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initials: _____
Purpose of CCH: _____
<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired Initials: _____
Date Printed: _____
Initials: _____
Destroyed Date: _____
Initials: _____
Pre-Adverse Notification Date: _____
Adverse Notification Date: _____
Note(s):
<i>Retain in your files</i>

(This copy must remain on file by your agency. Required for future DPS Audits)