CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

HUMAN RESOURCES

TEXAS DEPARTMENT OF PUBLIC SAFTEY
BACKGROUND & INVESTIGATIVE CONSUMER REPORT
CONSENT FORM

(IN COMPLIANCE WITH THE 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.

_____

(Street Address/P.O. Box) (City) (State) (Zip)

_____

Date of Birth Social Security Number Driver's License

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 background check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to the 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 top 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 with 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.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23 requires that my prospective employer and /or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section § 391.23 and 49 CFR 40.25.

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 OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT/EMPLOYEE'S (PRINT NAME) _____

APPLICANT/EMPLOYEE'S SIGNATURE _____

The Clint Independent School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities or employment.