



2214 Waller Street | Waller, TX 77484 | P. 936.931.3685 | F. 936.931.0389 | [www.wallerisd.net](http://www.wallerisd.net)

## Background Check Authorization Form

*(Form will be forwarded to HR for processing)*

I UNDERSTAND THAT FOR THE SAFETY OF OUR STAFF AND STUDENTS, WALLER ISD BOARD POLICY REQUIRES WALLER ISD TO CONDUCT A CRIMINAL HISTORY REVIEW AND RESERVES THE RIGHT TO RECEIVE AND REVIEW ANY RECORDS MAINTAINED BY ANY LAW ENFORCEMENT AGENCY. 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 MY VOLUNTEER APPLICATION WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

*DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.*

APPLICANT'S SIGNATURE:

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.

\*\*Date of Birth

\*\* Social Security Number

\*\*Gender

Applicant Email Address:

Phone Number:

Date:

\*\* 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 CITIES, COUNTIES, AND STATES OF RESIDENCE (since 10 years ago):

**CITY / COUNTY / STATE**

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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.

#WISDgreatness

