

MAYPEARL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 40
MAYPEARL, TX 76064
(972) 435-2116 FAX (972) 435-2340

SAFE SCHOOLS PROJECT CONSENT FORM

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)

Date: _____

Last Name

First Name

MI

Maiden and/or Other Last Names Used

City*

County*

State*

Date of Birth

Social Security Number

Sex**

Race**

I, _____, am an applicant for employment with Maypearl ISD and have been advised that as part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The 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. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a responsible time frame established within the sole discretion of the employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number the reporting agency as well as the nature, substance and source of all information.

***AS SHOWN ON THE ORIGINAL APPLICATION**

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

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?
 YES NO
 If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
 YES NO
 If YES, please provide an explanation below:

5. As of this date of the authorization, do you have any pending criminal charges against you?
 YES NO
 If YES, please provide an explanation below:

6. Driver's License # _____ State Issued _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETED MAY BE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT THAT EXISTS AND MAY BE USED AT THE DECISION OF THE EMPLOYER.

SIGNED THIS _____ DAY OF _____, 20_____.

Applicant (Print Name) _____

Applicant Signature _____