UHCLsigline (2).jpg

**Background Check Consent**

The position is SECURITY SENSITIVE and you must agree to a complete criminal history check and/or motor vehicle record check. Applicants must pass the required check(s) before a job offer will be made. In accordance with SAM 03.E.06, Business Use of Vehicles, individuals may be subject to annual Motor Vehicle Record check.

I understand and agree the background investigation will consist of the following checked items, and only the items checked:

**Criminal History  Motor Vehicle Record (for positions that may involve driving for University Business)**

***PLEASE PRINT CLEARLY***

Applicant’s Full **Legal First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Full **Legal Middle Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Full **Legal Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Date of Birth:

(MM/DD/YYYY)

X

X

X

X

X

Social Security Number: - -  **- -**

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue: \_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Month Day Year

**I understand the position I am interviewing for is SECURITY SENSITIVE and I am subject to a complete criminal history check and/or motor vehicle record check. My voluntary response to this questionnaire confirms my agreement to the required check(s) for employment or volunteer assignment.**

Applicant/Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**--------------------------------------------For Police Department/Human Resources Use Only --------------------------------------------**

Hiring Department: **Criminal History:** Cleared Not Cleared

SBC/BC Contact: **Motor Vehicle:** ClearedNot Cleared

**DPS Computerized Criminal History (CCH) Verification**

# **(AGENCY COPY)**

I, , have been notified that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

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 is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /*Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company.

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

**Please:**

**Check and Initial each Applicable Space**

CCH Report Printed:

YES\_\_\_\_\_ NO \_\_\_\_\_\_

Initial

Purpose of CCH: **Employment**

Empl Vol/Contractor

Initial

Date Printed:

Initial

Destroyed Date:

Initial

**Retain in your files**

Signature of Applicant or Employee

Date

U of H-Clear Lake Police Department

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date