

Prairie View A&M University

Confidential Release Form (Background Check)

Print Form

An equal Opportunity/Affirmative Action Employer

Prairie View A&M University does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Prairie View A&M University.

Hiring Department

Department	Department Contact	Phone Number
Vacant Position Title	<input type="checkbox"/> Full-time Faculty <input type="checkbox"/> Full-time Staff <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Temporary Staff <input type="checkbox"/> Graduate Assistant	

Applicant

Last Name	First Name	Middle Name
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Other Name(s) You Have Used (Including Maiden Name) _____

Present Physical Address	Apartment #
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City	State	Zip	County
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*Date of Birth	Social Security Number	*Gender	*Race	Contact Number
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*Driver's License	*State issuing driver's license	<input type="checkbox"/> Commercial
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* Information is solely being used for the purpose of conducting a background check.

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.

This form should be completed by applicant and returned to the Hiring Department

The following are my responses to questions about my criminal history (if any).

Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?

Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

Have you ever-received probation or community supervision for any federal, state or municipal offense?

Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

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 details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

As of the date of this consent form, do you have any pending charges against you? Yes No If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of conviction:

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 university.

Date _____

Applicant (Print Name) _____

Applicant's Signature _____

This form should be completed by applicant and returned to the Hiring Department