AG-473 (09-19-12)

Texas A&M AgriLife
Administrative Services – Human Resources

BACKGROUND CHECK DISCLOSURE NOTICE – AUTHORIZATION FORM

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HIRING UNIT/DEPARTMENT

Return results to: _____ **ADLOC:** ☐ **02** ☐ **06** ☐ **07** ☐ **11** ☐ **20**

Email address:_____ Prospective supervisor: _____

Hiring Unit/Dept/District _____

Vacant Position Title: _____ NOV # _____

Degree to be verified: ☐ Associate ☐ Bachelor ☐ Masters ☐ Doctorate ☐ No degree required, or equivalent experience met

Choose one: ☐ Transcript attached ☐ Verification of Degree/Release Form attached ☐ Foreign degree verified by Unit

HIRING UNIT FORWARDS COMPLETED DISCLOSURE NOTICE TO HUMAN RESOURCES AT:

Email: HRBackground@ag.tamu.edu Fax: 979-458-1046

THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO HIRING UNIT/DEPARTMENT

Name:_____ UIN_____
(Last Name) (First Name) (Middle Name)

Other name(s) used in any and all other records of birth or records of residences:_____ ** Race: _____

**If you have lived in Puerto Rico, please provide your mother's maiden name_____

**Street Address:_____ Apt. #_____

City_____ State_____ Zip_____

**Date of Birth:_____ **Social Security Number:_____ ☐ Male ☐ Female
(Mo—Day—Year)

** To be used solely for the purpose of conducting a background check

LIST ALL COUNTIES AND STATES OF RESIDENCE <u>SINCE HIGH SCHOOL GRADUATION OR AGE 18</u>.
(Attach extra page if needed.)

City: _____ County: _____ State: _____
City: _____ County: _____ State: _____
City: _____ County: _____ State: _____
City: _____ County: _____ State: _____
City: _____ County: _____ State: _____
City: _____ County: _____ State: _____

For questions concerning this form, please call AgriLife Human Resources at 979-845-2423

Name: ____
(Last) (First) (Middle)

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, ATTACH DETAILS ON A SEPARATE SHEET OF PAPER TO INCLUDE THE STATE, COUNTY, DATE OF OFFENSE, AND DETAILS OF THE CONVICTION.)

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
4. Have you ever received probation or community supervision for any federal, state or municipal offense? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
6. As of the date of this consent form, do you have any pending charges against you? ____Yes ____No
(If yes, attach an extra page with the details including state, county, date of arrest and details of the arrest.)

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 either Agency and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Agency and its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative Information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency and any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

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(1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK DISCLOSURE NOTICE AND AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.

(2) I UNDERSTAND APPLICANTS ARE REQUIRED TO REPORT ARRESTS MADE BETWEEN THE APPLICATION FOR EMPLOYMENT AND DECISION TO HIRE THE APPLICANT FOR EMPLOYMENT.

(3) I HAVE ATTACHED PAGES WITH DETAILS OF ARRESTS AND CONVICTIONS FOR ANY AND ALL "YES" RESPONSES TO QUESTIONS 1-6 ABOVE.

SIGNATURE OF
APPLICANT OR EMPLOYEE____ **DATE**______________________

APPLICANT CONTACT
INFORMATION: ____ ___________________________
(Email address) (Phone number)

HR Office Use Only:

CH R	# CO	PEND SS#	SS# R	LOG	CH RR	EMAIL

VERIFICATION OF DEGREE RELEASE FORM

THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO HIRING UNIT/DEPARTMENT

Name: _____
(Last) (First) (Middle)

Other name(s) used in any/all other records: _____

**Date of Birth: _____

** To be used solely for the purpose of conducting a verification of degree

EDUCATION INFORMATION

Name of institution granting highest degree: _____

Highest earned educational degree: ☐ Associate ☐ Bachelor ☐ Masters ☐ Doctorate

Field in which degree awarded: _____

Date degree conferred: _____

Address of institution: _____
(City) (State) (Zip)

1) **I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS VERIFICATION DEGREE RELEASE FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.**

2) **I GIVE CONSENT TO ALLOW A REPRESENTATIVE OF TEXAS A&M AGRILIFE HUMAN RESOURCES TO VERIFY MY DEGREE FROM A CONSUMER REPORTING AGENCY OR FROM THE INSTITUTION INDICATED ABOVE.**

SIGNATURE OF APPLICANT/EMPLOYEE: _____ **DATE:** _____

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HR Office Use Only:

DATE R	NSC	HOW	1ST	INSTIT	LOG	FAXED	ED VER	EMAIL