**ALVIN COMMUNITY COLLEGE**

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

To provide a safer, more secure workplace, criminal history background checks are now an integral part of the employment procedure. In an effort to avoid negligent hiring incidents, background checks are conducted on all candidates recommended for employment at Alvin Community College. Background screening services are conducted through JD Palatine LLC on a local and national level for this element of the employment procedure.

*PLEASE PRINT / TYPE*

**DATE:** _____  **DEPARTMENT:** _____

**NAME:** _____  _____  _____
(Last)                          (First)                        (M.I.)

**OTHER NAMES KNOWN BY:** _____  _____  _____
(Maiden Name)              (Other Last Name)          (Other Last Name)

**CURRENT ADDRESS:** _____
(Street)

**# YRS AT THIS ADDRESS** _____

_____  _____  _____  _____
(City)*              (County)*            (State)*              (Zip)

**PREVIOUS ADDRESS:** _____
(Street)

**# YRS AT THIS ADDRESS:** _____

_____  _____  _____  _____
(City)*              (County)*            (State)*              (Zip)

**DRIVER'S LICENSE #:** _____  **LICENSE STATE:** _____  **PRIMARY PHONE#:** _____

**DATE OF BIRTH:** _____  _____  ☐ ☐  **ETHNIC:** ☐ ☐ ☐ ☐
(MM/DD/YYYY)**          (Social Security Number)**    M  F              W  B  H  API

**EMAIL ADDRESS:** _____

I am an applicant for employment and/or current employee with ALVIN COMMUNITY COLLEGE, and have been advised that as a part of the application / employment process, the Employer conducts a criminal history background check. By submission of this form, I consent to the Employer, use of any information provided in 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 reasonable time frame established within the sole discretion of the Employer. Under the Fair Credit Reporting Act (FCRA), 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 authorize this background check for employment purposes; signature is not required.*