



Volunteer/Employment Partnership

Applicant/Parent/Community Volunteer: Criminal Background Check Approval
Campus Name: _____ **Student Name:** _____

Last Name _____ **First Name** _____ **Middle Name or Initial** _____

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address _____ **Apt. #** _____ **Siblings/Campus:** _____

City _____ **County** _____ **State** _____ **Zip** _____

Date of Birth _____ **Social Security Number** _____ **Gender** _____ **Race** _____

Email address: _____

PHONE NUMBER: _____

TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

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 Frenship ISD 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 Frenship ISD's use of any information provided on this form or during the application process in performing the investigative consumer report. Frenship ISD 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 Frenship ISD and any reporting agency Frenship ISD 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 Frenship ISD. 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.

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

1. ___ YES NO Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If "Yes," please provide details below.

State: _____ **County:** _____ **Date of Offense:** _____ / _____ / _____

Details of conviction: _____

2. ___ YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If "Yes," please provide details below.

State: _____ **County:** _____ **Date of Offense:** _____

Details of offense: _____

For Frenship ISD Administrative Use Only:

- Approved for Employment / Volunteer
- Denied Employment / Volunteer.

FISD Administrator Signature

Date



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3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If "Yes," please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

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

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If "Yes," please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND ALL STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. YOU ARE ALSO ATTESTING TO THE VALIDITY OF ALL CONTENTS WITHIN THIS DOCUMENT IF YOU ARE SUBMITTING IT ELECTRONICALLY. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THAT MAY BE GROUNDS FOR FRENSHIP ISD RECALLING ANY AND ALL OFFERS OF EMPLOYMENT AND MAY BE USED AT THE DISCRETION OF FRENSHIP ISD FOR PURPOSES HEREIN.

Signed this _____ day of _____, 20____.
(Day of Month) (Month) (Year)

APPLICANT (PRINT NAME): _____

APPLICANT'S SIGNATURE: *Ofinencia Martinez*