

Human Resources

Background Check Authorization

An Equal Opportunity/Affirmative Action Employer

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

With few exceptions, you have the right to request, receive, review and correct information about yourself using this form.

TO BE COMPLETED BY THE APPLICANT / EMPLOYE	E		
Last Name:	First name:		MI:
Present Address:	City:	State:	ZIP:
Race: Sex: Da	te of Birth:	Social Security Number:	
Human Resources may obtain my background information at any time during my application process and/or employment at Texas A&M University-Common	yment. I understand this informa		
I hereby authorize the Texas Department of Public Safety A&M University-Commerce, or its agent, my background Commerce, the person in charge of any law enforcement from all liability resulting from the release of this information	records. I do hereby release all a t agency or department and all n	agents, servants, and employe	ees of Texas A&M University-
The following are my responses to questions about my	criminal history, if any. (Exclude	minor traffic offenses punish	able only by fine.)
1. Have you ever been <u>convicted or pled guilty</u> befo	•	•	
Yes No If yes, please provide details b	pelow. Attach extra pages if need	ed:	
State: County: Details:	Date of Offense (MM/DD/YY):		
2. Have you ever received <u>deferred adjudication or</u>	similar disposition for any federa	ıl, state or municipal criminal (offense?
	pelow. Attach extra pages if need		
State: County: Details:	Date of Offense (MM/DD/YY):		
3. Have you ever received <u>pretrial diversion or simil</u>	ar disposition for any federal, sta	ate or municipal criminal offen	se?
Yes No If yes, please provide details b	pelow. Attach extra pages if need	ed:	
State: County:	Date of Offense (MM/DD/YY):		
Details:			

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4.	Have you ever received <u>probation or community supervision</u> for any federal, state or municipal criminal offense?
	Yes No If yes, please provide details below. Attach extra pages if needed:
	State: County: Date of Offense (MM/DD/YY):
	Details:
5.	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. Attach extra pages if needed:
	State: County: Date of Offense (MM/DD/YY):
	Details:
6.	As of the date of the consent form, do you have any pending charges against you? Yes No If yes, please provide details below. Attach extra pages if needed:
	State: County: Date of Arrest (MM/DD/YY):
	Details:
I ackı	nowledge that a facsimile or copy of this document shall have the same validity, force and effort as the original.
Syste	em Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures.
I her	eby certify that all information provided by me on this form is true, complete, and correct. I understand that any false statements made
here	in may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future A&
Syste	em employment.
Appli	icant / Employee Signature:
Job T	
Depa	artment:
Pleas	se indicate employment type:
	Faculty Staff Student Worker Adjunct GA Temporary Worker
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