

**CONSENT PERFORM CRIMINAL HISTORY  
BACKGROUND CHECK IN COMPLIANCE WITH  
THE FAIR CREDIT REPORTING ACT  
APPLICATION DISCLOSURE**

I, \_\_\_\_\_ am an applicant for employment with the James L West Alzheimer Center and have been advised that as a part of the application process, the center conducts criminal history background check and a check of the Texas Employee Misconduct Registry. I do hereby consent to the use of any information provided during the application process in performing the criminal history check.

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report \* may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer-reporting agency making such report. You will receive a copy of the report and a statement of your consumer rights.

A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit check will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

Yes

No

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

Yes

No

3. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes

No

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If you answered **YES** to any of the above questions, please provide an explanation below:

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This section is to be used to list all counties and states of residence for the past 7 years. You must be specific about dates of residence.

City/Town	County	State	Dates From	To

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect that grounds for the cancelling of any and all offers of employment will exist and may be used at the discretion of the center. I understand that my employment is conditional until a background check is completed.

**Social Security Number** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_