



# City of Georgetown

## CONSENT AND RELEASE TO CONDUCT CRIMINAL BACKGROUND CHECK

### WAIVER STATEMENT

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the City of Georgetown, Texas and/or its agents to conduct an investigation of my criminal or police records for the purpose of determining suitability for the position of \_\_\_\_\_ in the \_\_\_\_\_ Department.

I release the City of Georgetown, Texas and/or its agents and any person or entity, which provides information pursuant to this authorization, and from any and all liabilities, claims or law suits in regards to the information obtained from any and all reference sources used.

I understand that requesting to volunteer is pending approval and is not guaranteed unless background screening is passed. If the screening is denied there is a one year re-submittal waiting period to re-apply.

\_\_\_\_\_  
Last Name (Print)

\_\_\_\_\_  
First Name (Print)

\_\_\_\_\_  
Middle Name (Print)

\_\_\_\_\_  
Maiden and/or Other Last Name(s) Used

\_\_\_\_\_  
Date of Birth

Circle One: Male / Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent or legal guardian, if under 18 years of age.

### THIS SECTION TO BE COMPLETED BY DEPARTMENT

\_\_\_\_\_  
Name of Department Representative (request submitted by)

\_\_\_\_\_  
Prospective start date

Applicant is being considered for (check appropriate box):

- Regular Full-Time/Part-Time
- Seasonal
- Contract or Sub Contractor
- Temporary or Temp/On-Call
- Volunteer \*
- Internship

\*Volunteer Role: \_\_\_\_\_

**All prospective City of Georgetown employees and volunteers must pass a background check prior to beginning service.**

**Please complete both sides of this form.**

## DPS Computerized Criminal History (CCH) Verification

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The (City of Georgetown) may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

.....

### For Internal Use Only:

Check and Initial each Applicable Space :

CCH Report Printed: YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_ initial

Purpose of CCH: \_\_\_\_\_

Employee \_\_\_ Vol/Contractor \_\_\_ \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ initial

\_\_\_\_\_  
City of Georgetown Representative Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

**(This copy must remain on file by the City of Georgetown. Required for future DPS Audits)**