

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.

.....

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):

- | | |
|--|--|
| <input type="checkbox"/> Regular Full-Time/Part-Time | <input type="checkbox"/> Temporary or Temp/On-Call |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Contract or Sub Contractor | <input type="checkbox"/> Internship |

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

ALL pages of this form must be filled out COMPLETELY

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	