ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
802 N. SAM HOUSTON
P. O. BOX 3912
ODESSA, TEXAS 79760
432-334-7185

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

_____ _____ _____
Last Name (FULL)* First Name (FULL)* Middle Name (FULL)*

_____
Maiden and/or Other Names Used

_____ _____ _____
City* County* State*

_____ _____ _____ _____
Date of Birth* Social Security # * Sex* Race*

I, _____, am an applicant to volunteer with the Ector County Independent School District and have been advised that as part of the application process, the district conducts a criminal history background check. I do hereby consent to the district's use of any information provided during the application process in performing the criminal check.

The Ector County Independent School District has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to volunteer. 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 the school district. 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.

The following are my responses to questions about my criminal record history (if any) with explanations to any questions with a Yes answer:

1. Have you ever been convicted of or charged with a felony or misdemeanor or received probation or deferred adjudication? YES NO
If Yes, Please provide an explanation below:
_____
_____
_____

2. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
_____
_____

3. As of the date of this authorization, do you have any pending criminal charges against you?
YES NO
If YES, Please Provide an explanation below:
_____
_____
_____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. 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 OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OR EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.
Signed this _____day of _____, 20_____.

APPLICANT (Print Name)* _____

APPLICANT'S SIGNATURE* _____

Applicant's Address *_____
Number/Street City State Zip Code

Home Phone Number* _____Work Phone Number _____

Campus* _____ School Year Volunteering*_____

Parent-Teacher/Booster Organization* _____

Business or organization you are representing _____

**** Mandatory Fields***