

Home Street Address:			
City:	State:	Zip:	County:
Phone Number:	Cell	Residence	Business
Date of Birth:	Gender:	Male	Female
Birth City:	Birth State:		
Has this person lived out of the State of Texas? Yes No			
Other than Texas, enter all previous states where the background check subject has resided:			
Ethnicity (must accompany race): Hispanic Non-Hispanic			
Race:	White	Asian	Black
	American Indian or Alaskan Native Native Hawaiian or Pacific Islander		
Will this person ever drive VR customers? Yes No			
If yes, enter the driver license number and state of issuance:			
License Number:		State:	

Section 3: Background Check Subject Verification and Authorization and Consent for Disclosure of Criminal History Information

- By signing this **Background Checks Attestation and Release Form**, I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.
- I give my consent for the contractor and its agent(s) to obtain criminal history information related to my application for employment, volunteer status, or contracted services. Any such information will be used solely for employment, volunteer status, or contracted services-related considerations and not for any other purpose. I understand that the information released is for official use and may be disclosed to third parties as necessary in the fulfillment of official responsibilities.
- I authorize, consent, and grant permission for the contractor and its agent(s) to release any and all information regarding my criminal history to the Texas Workforce Commission. Any such information will be used solely for the purpose of determining whether I may provide services or interact with VR customers. I waive any and all claims I may have with respect to providing such information. I understand that the contractor, agent(s), and TWC are not responsible for the accuracy or completeness of the information contained in such reports. I release the contractor, its agents, and TWC from any and all liability, claims, and lawsuits with respect to the information obtained from any of all sources used by the contractor and its agent(s). I understand that TWC may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the approval to provide services to TWC, directly or indirectly. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform the contractor in writing that I revoke this authorization.

Background Check Subject Printed Name:

Signature: X	Date Signed:
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Section 4: Background Check Results

Results of Criminal Background Search

Initial Check: Date Ran: Sex Offender Registry Search Date:	36- Month Check: Date Ran: Sex Offender Registry Search Date:
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Relationship to the Contractor (select all that apply):

- Staff Subcontractor Volunteer
 Applicant for employment Applicant for volunteerism Other:

Role or Job Duty: _____ **Date Hired:** _____

Type of Search Conducted: _____ **Results:** Cleared Not Cleared

If the Background Subject was Not Cleared, list conviction(s) and date(s) of conviction(s) below:

<u>Conviction(s)</u>	<u>Date(s)</u>
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If Not Cleared, an exception:

Will not be sought. The Background Subject is not approved to have interaction with VR customers.

Was requested on _____ (date) and was Granted Denied on: (date)

Section 5: Contractor Verification Signature

By signing this Background Checks Attestation and Release Form, I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.

I understand that TWC may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.

Printed name of contractor, owner, director, or authorized representative: _____

Signature: X	Date Signed: _____
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