



Accelerated Interdisciplinary Academy

(Pre K-6)



"Challenging Minds and Building Character"

District
Kevin Hicks, Executive Director

P O Box 20589 – Houston, Texas 77225-0589
Telephone: (713) 283-6298 Fax: (713) 283-6190
School Hours: Mon.-Thurs. – 8:00 a.m. to 5:00 p.m.
Friday Only: 8:00 a.m. to 2:00 p.m.

**Consent to Perform Criminal History Background Check
In compliance with the
Fair Credit Reporting Act (FCRA)**

It is recommended that the below form is used for all authorizations. This form should be regenerated using District letterhead/logo and be completed by all applicants.

Date: _____

Last Name

First Name

Middle Initial

Maiden and/or Other Last Names Used

Current Address*

City/County

State

Zip

Former Address**

City/County*

State*

Zip*

Date of Birth*

Social Security Number**

Sex**

Race**

I, _____, am an applicant for employment with _____ and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. 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.

* AS SHOWN ON THE ORIGINAL APPLICATION
** TO BE USESD ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.

Criminal Record History
(The following are my responses to questions about my criminal record history (if any) with descriptions to any questions with a YES answer.)

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense? ___YES ___NO
(Excluding minor traffic violations.) If YES, please provide an explanation below:

2. Have you ever received deferred adjudication of similar disposition for any federal, state or municipal offense? YES NO
 If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
 If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
 If YES, please provide an explanation below:

5. 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:

Counties and States of Residence

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 OR RESIDENCE

CITY/TOWN	COUNTY	STATE	DATES	
			FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLET. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20_____.

Applicant (Print Name) _____

Applicant (Signature) _____