



All potential workers/volunteers/interns must read and sign the following statements...

- 1. I hereby authorize McLennan Community College to investigate, through whatever means deemed appropriate by MCC, any information and all facts resulting from the investigation unless otherwise noted. MCC is also authorized to use any information obtained from its investigations to determine my suitability for becoming a student worker, volunteer, or intern. I release MCC from any liability in connection with such investigation.
2. If hired as a student worker/volunteer/intern, I agree to abide by the policies, procedures, rules and regulations of MCC. I acknowledge the College's prerogative of revising its policies, procedures, rules and regulations at any time, and I agree to abide and be governed by such revisions.
3. I understand that student workers are hired on an at-will basis and the employment may be terminated at any time by either the student worker or MCC, with or without cause.
4. I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
5. I understand that the Immigration Reform and Control Act of 1986 requires all applicants to provide proof of identity and eligibility to work in the United States prior to any work offer being made.
6. I agree to abide by the procedures, rules and regulations that are listed under the General Conduct Policy.

Student/Volunteer's Printed Name

Date of Birth (MM/DD/YYYY)

Social Security Number

MCC ID Number

Gender (check one): Male Female

Ethnicity (check one): Hispanic Non-Hispanic

Race (check all that apply):

White Black Asian American Indian Alaska Native Native Hawaiian Pacific Islander

Semester Working/Volunteering/Interning: (Ex: Spring 2016)

Signature of Potential Student Worker/Volunteer/Intern

Date (MM/DD/YY)

Internal Staff Only

Employee Submitting Background Request (Print Name)

Department

Employee Signature

Date (MM/DD/YY)

Internal Staff Only

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

FULL LEGAL NAME and ALL PREVIOUS NAMES (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.dps.texas.gov /Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/CrimeRecordsInformation/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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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