



APPLICANT BACKGROUND CHECK

Authorization to Release and Disclose Information

Houston Area Community Services, Inc. retains the authority to conduct a job-related background check on all applicants and employees. All information received will be kept confidential by Houston Area Community Services, Inc. Access to any information will be limited to the Executive Director.

Falsification of any information on this form will void your Employment Application and any actions based on it. The information on the Employment Application, together with any attachments, is the property of HACS Administration.

Once a background report is received all applicants will be given the opportunity to review the report and to respond in writing regarding any issues resulting from the report.

PLEASE PRINT CLEARLY.

| | | | | |
|-----------------------|---|--|------------------------|--------|
| IDENTIFICATION | Legal Name (Full legal name, first, middle, last) | | Race | Gender |
| | Other Names Used (To include Maiden Name) | | | |
| | Date of Birth | Current Identification Number (No. & State issued) | Social Security Number | |
| | Current Address (Street and Number) | | City, State, Zip Code | |
| | Previous Address (Street and Number) | | City, State, Zip Code | |

I hereby authorize Houston Area Community Services, Inc. to request a criminal and/or civil background report. I understand that Houston Area Community Services, Inc. may utilize any information received in determining eligibility for employment. I hereby release Houston Area Community Services, Inc. and all its employees and agencies furnishing information, from all liability resulting from the furnishing of this information to Houston Area Community Services, Inc. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Employment Application and any actions based on it.

Signature – Applicant: _____

Date: _____

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

Criminal background check completed by: _____

Date: _____