



CITY OF McALLEN

NOTIFICATION AND AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK AND EDUCATION CREDENTIALS VERIFICATION FOR USE IN CONNECTION WITH CONDITIONAL OFFERS OF EMPLOYMENT

Notification

Offers of employment from the City of McAllen are contingent upon successful completion of new hire processes and protocols, including but not limited to criminal background checks and verification of education credentials. To conduct background checks into official records, including criminal history reference searches and sex offender registry searches available from law enforcement and/or criminal justice agencies, the City must obtain written authorization, as provided herein, from recipients of conditional offers of employment. The criminal history record obtained by the City may include information about arrests, convictions, plea bargains and deferred adjudications.

Job Applicant Information

By my signature on this form, I certify that the following information is true and correct and I understand that any falsification of information may disqualify me from employment with the City of McAllen.

_____		_____	
Print Full Name		Print Any Other name used	
_____		_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Date of Birth	Tel. Number (incl. area code)	Last Four Digits of Social Security Number	
_____	_____	_____	

Authorization

By my signature on this form:

I hereby authorize the City of McAllen and its designated agents to conduct criminal history and sex offender searches and education credential verification described above. I also authorize the use of law enforcement and/or criminal justice agencies in collecting this information.

I further authorize any individual educational institution, law enforcement and/or criminal justice agencies to divulge and release to the City of McAllen and its designated agents any and all relevant information, records or data pertaining to me.

I also authorize the complete release of any and all relevant information, records or data pertaining to me, which any educational institution, law enforcement and/or criminal justice agencies may have received from other sources.

I understand this authorization expires ninety (90) days from the date executed below and that I have the right to revoke this authorization at any time, provided I notify the City of McAllen of that decision in writing. I understand that failure to execute this form or revoking my authorization as described above will constitute a failure to comply with City of McAllen new hire processes and protocols required for employment.

Release

By my signature on this form, I hereby do for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify the City of McAllen and each of its officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs claims and demands whatsoever resulting from the investigation of my background in connection with my application for employment with the City of McAllen.

_____	_____
Signature	Date

Required if under age 18: _____

_____	_____
Print Name of Parent/Guardian	Signature of Parent/Guardian

