

Quinlan Independent School District

301 East Main
Quinlan, Texas 75474

The Quinlan Independent School District is required by state law to obtain criminal history record information on all volunteers and employees with the district (Texas Education Code Section 21 917). The information requested below is necessary to obtain criminal history record information.

EMPLOYMENT SELECTEES:

Last Name:	
Maiden and/or Other Names Used:	
First Name:	
MI:	
**City:	
**County:	
**State:	
Date of Birth:	
Social Security No:	
Drivers License No: & State	

**** AS SHOWN ON THE ORIGINAL APPLICATION**

LIST PREVIOUS ADDRESSES AS SHOWN ON THE APPLICATION:

City/Town	County	State	From	To

I understand the information I am providing about age will not be used to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information.

Signature

This form will be removed from the application and filed separately in the personnel office.

Quinlan Independent School District

301 East Main

Quinlan, Texas 75474

VOLUNTEER CONSENT FORM

**CONSENT TO PERFORM CRIMINAL HISTORY
BACKGROUND CHECK AND ADVISING OF RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

I, _____, am applying to volunteer for the Quinlan Independent School District. I have been advised that as a part of the application process, the district conducts a criminal history background check.

I, _____ do hereby consent to the district use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to have me volunteer. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address and telephone number of the reporting agency as well as the nature and substance of all information and the source.

Signed this _____ day of _____

Applicant

District Representative

****Please complete both sides of this form**