

From: [Ostilio Portillo](#)
To: g-kurten@tamu.edu; BBracken@ag.tamu.edu
Cc: [Dr. William L. Rooney](#)
Subject: Background Check Disclosure Notice – Authorization Form.
Date: Thursday, November 05, 2009 8:12:03 AM
Attachments: [Background Check Disclosure Notice Signed.pdf](#)

Good morning Mrs. Kurten and Mrs. Bracken;

Please find attached the *Background Check Disclosure Notice – Authorization Form* which I am sending as part of the mandatory documentation to be provided prior enrollment in the Plant Breeding program. Please let me know if you need further documentation.

Additionally, could you please confirm that you actually received this document? Thanks.
Ate.

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BACKGROUND CHECK DISCLOSURE NOTICE – AUTHORIZATION FORM

Texas AgriLife Research ◊ Texas AgriLife Extension Service

THIS SECTION TO BE COMPLETED BY HIRING UNIT

Return results to: _____ Hiring Unit/Dept/District _____ Vacant Position Title _____	ADLOC: <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 20 Prospective supervisor: _____ NOV # _____
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-----THE REMAINDER OF THIS FORM TO BE COMPLETED BY THE APPLICANT-----

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize either Agency and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Agency and its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency and any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, ATTACH DETAILS ON A SEPARATE SHEET OF PAPER TO INCLUDE THE STATE, COUNTY, DATE OF OFFENSE, AND DETAILS OF THE CONVICTION.)

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense?
 (If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
 (If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense?
 (If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
4. Have you ever received probation or community supervision for any federal, state or municipal offense?
 (If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States?
 (If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
6. As of the date of this consent form, do you have any pending charges against you?
 (If yes, attach an extra page with the details including state, county, date of arrest and details of the arrest.)

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18. BEGIN WITH MOST RECENT. (Attach extra page if needed.)

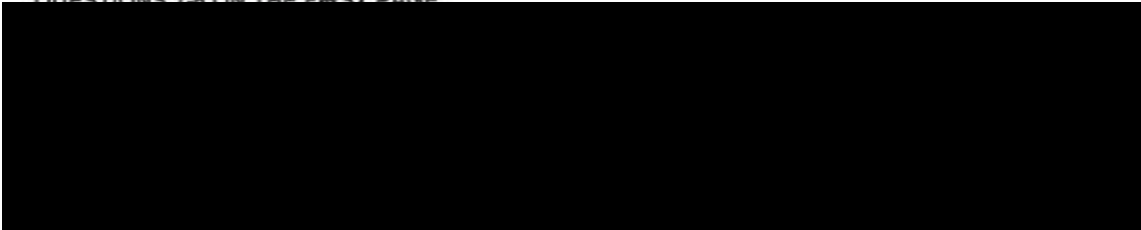


City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____

(1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK DISCLOSURE NOTICE AND AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.

(2) I UNDERSTAND APPLICANTS ARE REQUIRED TO REPORT ARRESTS MADE BETWEEN THE APPLICATION FOR EMPLOYMENT AND DECISION TO HIRE THE APPLICANT FOR EMPLOYMENT.

(3) I HAVE ATTACHED PAGES WITH DETAILS OF ARRESTS AND CONVICTIONS FOR ANY AND ALL "YES" RESPONSES TO QUESTIONS 4-6 ON THE FIRST PAGE.



541590

(Email address)

(Phone number)

This form should be returned to Barbara Bracken by email, fax, or postal mail to:

Email: BBracken@ag.tamu.edu

Fax: 979-845-0456

Mail address: Department of Soil and Crop Sciences
2474 TAMU, College Station, TX 77843-2474