

# APPLICANT RESIDENCE ADDRESS FORM

For background purposes, it is necessary to provide residence addresses for the last **seven** years.

The DPS Criminal History form (CCH) is the state ide repository of criminal history data reported to DPS by local criminal ustice agencies. The criminal history record information obtained about an individual is used only for the purpose of evaluating applicants for employment. The Notification and Authorization to Obtain (NAO) form authorizes TWU to process a criminal history background.

<b>Name:</b> _____
<b>Department:</b> _____ <b>Supervisor:</b> _____
<b>Email Address:</b> _____

**Dates of Residence:** \_\_\_\_\_ to: \_\_\_\_\_

Street (Physical address) \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Dates of Residence:** \_\_\_\_\_ to: \_\_\_\_\_

Street (Physical address) \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Dates of Residence:** \_\_\_\_\_ to: \_\_\_\_\_

Street (Physical address) \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Dates of Residence:** \_\_\_\_\_ to: \_\_\_\_\_

Street (Physical address) \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If additional space is needed complete another Applicant Residence Form and attach.

# NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with Texas Woman's University, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from Texas Woman's University (TWU) from public records including, but not limited to Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local state, and federal agencies. Further, I understand that an Investigative Consumer Report may be requested and, as required under § 1681d(a)(1), I understand that this Report may include information as to my character, general reputation personal characteristics, mode of living, work habits, performance experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION)OR ANY OTHER INFORMATION REQUESTED BY TWU.**

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, TWU will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required by and that to be considered for employment promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Release Authorization shall be as valid as the original.

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State law (Leg. House Bill 1922) with limited exception, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect. Disclosure of you social security number (SSN) is required under this form for identification purposes. Any further disclosure of your SSN will be governed by The Public Info. Act (Chapter 552 of the Texas Govt. Code)

I certify that the statements made by me in this application 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 may void this application and any actions based on it. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of the Board of Regents of The Texas Woman's University. I understand that employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the University or the employee. I authorized Texas Woman's University to contact references and former employers. In the event that I am in a position deemed by the Institution to warrant a background investigation, I authorize the Institution to conduct a police inquiry regarding any past or current charges, convictions investigations, etc. I understand that all offers of employment extended by the Texas Woman's University will be contingent upon my ability to provide documents which establish proof of my identity and eligibility in the United States.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State issued \_\_\_\_\_

D.O.B. \_\_\_\_\_ Have you used any names or social security numbers other than above? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list other names used \_\_\_\_\_ Please list other SS number used \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

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

APPLICANT or EMPLOYEE NAME (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.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/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 (optional)

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

<b>Please: 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>	

## SELECTIVE SERVICE VERIFICATION

Please complete the information requested below. If born January 1, 1960 or after, attach a copy of proof of registration or exemption. Proof can be obtained at <https://www.sss.gov>. State law requires independent verification.

Those who were required to register, but failed to do so before they turn 26, are no longer allowed to register, and thus may be permanently barred from federal jobs and other benefits, unless they can show to the Selective Service that their failure was not knowing and willful. There is a procedure to provide an "information letter" by the SSS for those in these situations, for example recent citizens who entered the US after their 26th birthday. However, this letter does not constitute a waiver or exemption and does not indicate that they are then eligible for jobs or benefits. Employment offers will be withdrawn if registration of Selective Service cannot be verified. The employee will have five business days to provide proof of registration in order to maintain employment.

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### If born January 1, 1960 or after, please provide proof of

\_\_\_\_\_ 1) registration (copy of Selective Service Card or printout from Selective Service website)

**OR**

\_\_\_\_\_ 2) exemption from registration with the selective service system.

**By signing this form, I hereby certify that the information that I have provided is true and correct.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State law (Leg. House Bill 1922) with limited exceptions, allows you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Disclosure of your social security number (SSN) is required as a unique number to identify you at TWU. Any further disclosure of your SSN will be governed by The Public Info Act (Chapter 552 of the Texas Govt. Code).

**Texas Woman's University**  
**Application Retiree Data Form**

Applicant Name: \_\_\_\_\_

Are you a retiree of the Teachers Retirement System of Texas (TRS):

Yes \_\_\_ No \_\_\_

If you are a TRS retiree, did you retire on or after September 1, 2005:

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

If you have questions regarding Employment after Retirement, please call TRS at 1-800-223-8778 or the TWU Benefits Office at 940-898-3552.

Applicant Signature: \_\_\_\_\_