



CRIMINAL HISTORY CHECK SEARCH CONFIRMATION

FOR SERVICES PROVIDED BY CONTRACTORS, CONTRACTOR STAFF, AND SUBCONTRACTORS

Purpose: The purpose of this form is to confirm that a criminal history check has been conducted on any individual who may interact with TWC-VR customers, and whether that individual is cleared to interact with TWC-VR customers based on the results of the criminal history check. The form also contains a release for disclosure of criminal history records information to TWC for the purpose of considering an exception.

Directions: Complete and retain this form on employees, subcontractors, and volunteers for the Contractor, Contractor Staff, or Subcontractors who will interact with TWC-VR customers.

The contractor, owner, operator, or authorized representative completes the following sections on the form:

- Section 1: Contractor Information
- Section 2: Background Check Subject Information (This section provides identifying information for the person required to have the background check)
- Section 4: Background Check Results
- Section 5: Contractor Verification Signature

The individual subject to the background check reviews the form and completes Section 3.

Note: If more space is needed for additional, required information, the contractor, owner, operator, or authorized representative may staple a separate sheet of paper with the information to this form.

SECTION 1: CONTRACTOR INFORMATION		
Name:	Solicitation ID or Contract Number:	Telephone Number:
Physical Address:	Mailing Address:	County:

SECTION 2: BACKGROUND CHECK SUBJECT INFORMATION				
Please enter N/A for items that are not applicable.				
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last <input type="checkbox"/> No Other Names Not providing all names previously used by the individual may result in inaccurate results.				
Other First Names:	Other Middle Names:	Other Last Names:		
Home Address:	City:	State:	Zip Code:	
County of Residence:	Telephone Number: ()	<input type="checkbox"/> Residence <input type="checkbox"/> Cell <input type="checkbox"/> Business	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Has this person lived outside of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth City: Birth State:		

Other than Texas, enter all previous states where the background check subject has resided:	
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander
Will this person ever drive TWC-VRD customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter their driver license number and state of issuance. Number: State:

SECTION 3: BACKGROUND CHECK SUBJECT VERIFICATION AND AUTHORIZATION AND CONSENT FOR DISCLOSURE OF CRIMINAL HISTORY INFORMATION

By signing this CBC Attestation Form, I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.

I give my consent for the contractor and its agent(s) to obtain criminal history information related to my application for employment, volunteer status, or contracted services. Any such information will be used solely for employment, volunteer status, or contracted services-related considerations and not for any other purpose. I understand that the information released is for official use and may be disclosed to third parties as necessary in the fulfillment of official responsibilities.

I authorize, consent, and grant permission for the contractor and its agent(s) to release any and all information regarding my criminal history to the Texas Workforce Commission. Any such information will be used solely for the purpose of determining whether I may provide services or interact with TWC-VRD customers. I waive any and all claims I may have with respect to providing such information. I understand that the contractor, agent(s), and TWC are not responsible for the accuracy or completeness of the information contained in such reports. I release the contractor, its agents, and TWC from any and all liability, claims, and lawsuits with respect to the information obtained from any of all sources used by the contractor and its agent(s). I understand that TWC-VRD may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the approval to provide services to TWC, directly or indirectly. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform the contractor in writing that I revoke this authorization.

Background Check Subject Printed Name	Background Check Subject Signature X	Date signed:
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SECTION 4: BACKGROUND CHECK RESULTS

<input type="checkbox"/> Initial Check: Date Ran: _____ Sex Offender Registry Search Date: _____	<input type="checkbox"/> 36-Month Check: Date Ran: _____ Sex Offender Registry Search Date: _____
Relationship of subject to Contractor (select all that apply): <input type="checkbox"/> Subcontractor <input type="checkbox"/> Applicant for employment <input type="checkbox"/> Staff <input type="checkbox"/> Applicant for volunteerism <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (describe):	Date Hired: _____ Role or Job Duty: _____
Type of Search Conducted:	Background Check Results: <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
If the Background Subject was Not Cleared, list conviction(s) and date(s) of conviction(s). _____ _____	If Not Cleared, an exception: <input type="checkbox"/> Will not be sought. The Background Check Subject is not approved to interact with TWC-VRD customer <input type="checkbox"/> Was requested on _____ (date) and was <input type="checkbox"/> Granted <input type="checkbox"/> Denied on _____ (date)

SECTION 5: CONTACTOR VERIFICATION SIGNATURE

By signing this CBC Attestation Form, I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.

I understand that TWC-VRD may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.

Printed name of contractor, owner,
operator, or authorized representative:

Signature of contractor, owner,
operator, or authorized representative:

Date signed:

X