

WALLER COUNTY APPRAISAL DISTRICT (WCAD) CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

I am an applicant for employment with the Waller County Appraisal District and have been advised that, as a part of the application process, the WCAD will conduct a criminal history background check. I do hereby consent to the WCAD's use of any information provided during the application process in performing the criminal history check. WCAD has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have an opportunity to clear up any mistaken information reported, within a reasonable time frame established at the sole discretion of WCAD. In compliance with the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the name, address and telephone number of the reporting agency, as well as the nature, substance and source of all information.

NOTE: Any misrepresentation or omission of the information requested on this form <u>will</u> have an adverse impact upon your application.

Last Name	First Name	First Name (per Birth Certificate)		Middle Name (per Birth Certificate)	
Last Name (per Birth	Certificate) and any oth	er last names you have	e used		
Social Security Numb		Sex Male		Date of Birth (MM/DD/YY)	
	E INFORMATION BELOW BE SPECIFIC ABOUT D ON.)				
City/Town	County/Parish	State	Year (From)	Year (To)	
understand that i ancellation of any	at all information profession of any information is or all offers of emp	found to be incorre loyment or ground	ect or incomplete, i	t may be grounds f	
iscretion of Walle	r County Appraisal I	District.			