

# Grayson County College

## Background Investigation Authorization

Revised Jan 2009

### To Whom It May Concern:

This is to advise that I have made application for employment with Grayson County College for a "Security Sensitive Position".

<b>PART I: DEFINITION OF SECURITY SENSITIVE POSITION (Insert a ✓ in Appropriate Box from Left to Right)</b>	
<input type="checkbox"/> Handles currency	<input type="checkbox"/> Has access to a computer terminal
<input type="checkbox"/> Has access to a master key	<input type="checkbox"/> Works in a location designated as a security-sensitive area

<b>PART II: TYPE OF POSITION (Insert a ✓ in Appropriate Box from Left to Right)</b>			
<input type="checkbox"/> Faculty/Adjunct	<input type="checkbox"/> Campus Police	<input type="checkbox"/> Child Care	<input type="checkbox"/> Faculty Dual Credit
<input type="checkbox"/> Resident Hall Assistant	<input type="checkbox"/> Staff/Maintenance	<input type="checkbox"/> Work Study	<input type="checkbox"/> Other
Position Title: _____			

I, the undersigned, do hereby authorize official(s) of the Grayson County College Police Service to conduct such an investigation and do authorize the release of any and all information requested by this agency pertaining to previous employment, medical record(s), financial/credit history, character, honesty, and criminal history/records and any other information to determine my suitability and stability as an employee of Grayson County College.

I certify that any person(s) who may furnish such information as listed above may furnish the information concerning me and shall not be held accountable or liable in any manner. I further agree to waive any right whatsoever to the background investigation reports developed through this waiver.

<b>PART III: APPLICANT INFORMATION (Please Type or Print Legibly)</b>		
Last Name:	First Name:	Middle Name:
Alias/Maiden Name(s)		
SSN:	Drivers License Nbr:	Drivers License State:
Date of Birth: (MM/DD/YYYY)	Race: (Optional)	Sex:
<b>Please List any prior STATES(s) of residence for the past ten years. (NOTE: ONLY LIST THE STATE(S) OF RESIDENCE AFTER AGE 17)</b>		

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

GIVEN UNDER MY HAND AND SEAL OF OFFICE THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

COUNTY OF: \_\_\_\_\_ STATE OF: \_\_\_\_\_

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E  
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L  
  
\_\_\_\_\_  
(NOTARY PUBLIC SIGNATURE)

Agencies Checked:	<input type="checkbox"/> GCSO	<input type="checkbox"/> TXDPS	<input type="checkbox"/> PDC	<input type="checkbox"/> GC	INITIALS: _____
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