

Vendor Criminal Background Disclosure and Certification Form

Vendor Company Name: _____

Business Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Authorized Representative Name: _____

Title: _____

Certification Regarding Felony Convictions

Please check one of the following statements and complete the required sections below.

☐ No Felons Employed

I hereby certify that the above-named vendor does not employ any individuals with felony convictions who will provide services, work on-site, or otherwise have contact with Goodrich ISD, its facilities, staff, or students.

☐ Felons Employed (Disclosure Required)

I hereby certify that the above-named vendor does employ one or more individuals with felony convictions who may provide services, work on-site, or otherwise have contact with Goodrich ISD.

If this box is checked, the vendor must complete the disclosure section below.

Felony Disclosure Information

List all employees with felony convictions who may be assigned to work for or have access to Goodrich ISD. Attach additional pages if necessary.

Employee Full Name

Job Title

Nature of Felony

Fingerprinting Authorization and Consent

By signing below, the vendor grants permission for Goodrich ISD to require fingerprinting and any applicable background checks for the above-listed employees, in accordance with local, state, and federal laws.

The vendor understands and agrees that:

Employees may be prohibited from working on-site or providing services pending the results of fingerprinting and background checks.

Any costs associated with fingerprinting or background checks may be the responsibility of the vendor, unless otherwise stated in contract terms.

Failure to disclose felony convictions or refusal to consent to fingerprinting may result in denial or termination of services or contract.

Vendor Attestation

I certify that the information provided on this form is true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in contract termination and/or other legal action.

Authorized Representative Signature: _____

Printed Name: _____

Date: _____