



CONTRACTED SERVICES APPLICATION

White Settlement ISD • 8224 White Settlement Road • Fort Worth, TX 76108

WSISD requires a TEXAS DEPARTMENT OF PUBLIC (DPS) criminal records report on all employees, contracted services and volunteers. The information obtained is held in strict confidence. NO person may work for the district without a DPS clearance. TO ENSURE THAT OUR RECORDS ARE UPDATED, ALL APPLICANTS MUST COMPLETE A NEW APPLICATION **EVERY SCHOOL YEAR.**

THE ORIGINAL APPLICATION MUST BE RETURNED TO THE SUPERINTENDENTS OFFICE

_____	_____	_____
DATE	WORK LOCATION	ADVISOR
NAME _____		
Last	First	Middle
_____	_____	_____
Home Address	City	State Zip
_____	_____	_____
Phone	Cell	

REQUEST FOR TEXAS DEPARTMENT OF PUBLIC SAFETY Criminal Record Search

Local policy GKG requires persons who serve in the White Settlement ISD to undergo a DPS Criminal Records Search. The following information is required for the search

Applicant's full name

_____	_____	_____
Last	First	Middle ____
<input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
Date of Birth	Gender	Social Security Number

APPLICANT

To ensure the safest possible environment for WSISD students, we ask the applicant to read and sign the following:

I authorized the WSISD to obtain any record of criminal history with the understanding that such information will be held in confidence and used solely for the purpose of evaluating my application. I affirm that all the information contained in his application is true and complete and any misrepresentation, falsification or omission shall be cause for relinquishing my contract services with the school district. I hereby authorize the WSISD to request any relevant information from the Texas Department of Public Safety

_____	_____
Applicant's Signature	Date



WHITE SETTLEMENT INDEPENDENT
SCHOOL DISTRICT

Confidential

The White Settlement Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Name: _____
Last First Middle

Maiden Name: _____

Mailing address: _____
Street City State Zip

Phone number: _____ Cell phone number: _____

Contact number during summer: _____

Social Security #: _____ DOB _____

Driver's license number: _____ Driver's license state: _____

Sex: Male Female Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Email Address: _____

Contact email during the summer: _____

Have you retired from Teachers Retirement System of Texas or another School District?

Yes _____ No _____

[A W-9 is required to be submitted along with this application. Click here to access a fillable PDF.](#)

Signature _____ Date _____

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No.1. Section 44.034. Notification of Criminal History Subsection (a) states “a person or business entity that enters into a contract with a school district must give advance notice to the District if the person or officer or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.”

**This notice is not required of a publicly held corporation.
Please complete the information below.**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: _____

Authorized Company Official's Name (Please print or type): _____

A. My firm is a publicly held corporation: therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

Date: _____

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: _____

Date: _____

C. My firm is owned or operated by the following Individual (s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____ Date: _____