



**National  
Criminal Background Check  
CONSTRUCTION APPLICATION**

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_

Subcontractor to: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

Product /Service being Provided: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

*Complete one section below for each employee who will work on MISD campuses. (Attach additional sheet if necessary.)*

EMPLOYEE #1 _____	DATE OF BIRTH ___/___/___	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____
EMPLOYEE #2 _____	DATE OF BIRTH ___/___/___	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____
EMPLOYEE #3 _____	DATE OF BIRTH ___/___/___	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____

Facility where Services will be Performed: \_\_\_\_\_  
(If multiple, state "Multiple") \_\_\_\_\_

Once the above information is complete (and the Waiver on the next page is signed), return form either via fax to 817-473-5737 or to [facilitybackground@misdmail.org](mailto:facilitybackground@misdmail.org).

INFORMATION BELOW TO BE COMPLETED INTERNALLY

Bond/Construction Projects: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Assistant Superintendent of Facilities Date

**Construction RED Badge**