Duncanville Independent School District

Writing success stories, one student at a time.

Consent to Perform Background Check

CONFIDENTIAL

The information on this form is required for **all** contracted/non-district employees who work within Duncanville ISD. After this application is completed (*please allow 5 work days to process the background check*), contact or email Human Resources for approval status ONLY. Background checks are confidential and any information obtained will remain with the Human Resources department. Approval will be according to Duncanville School District standards.

Duncanville ISD is authorized by state law to obtain criminal history information per Texas Education Code 22.083. A background check **must** be completed on each individual. The background check is only valid for the current school year from August 1 to June 1. Notification of start and ending contract date is required if fingerprinted (see below). Your authorization for us to conduct the background check is requested below.

BIOGRAPHICAL INFORMATION: PLEASE PRINT

Last Name **First Name** **Middle Name**

Previous Names

Home Address **City** **State** **Zip Code** **Home/Cell Phone**

DATE OF BIRTH: _____ **DRIVER LICENSE #:** _____

SOCIAL SECURITY # (last 4): _____ **DRIVER LICENSE STATE:** _____

FINGERPRINTED: ☐ **YES** ☐ **NO** **SEX:** ☐ **M** ☐ **F** **ETHNICITY:** _____

Print email address:

Company:

Dates of Contracted Services:

From_____ To_____

AUTHORIZATION FOR BACKGROUND CHECK: (The above information shall be used only for the purpose of establishing identity.)
I hereby give my voluntary consent to a background check. By my signature below, I designate DISD to be my representative for the purpose of obtaining my criminal history record information maintained by law enforcement agencies. I understand that certain information obtained as a result of this criminal check may preclude my approval. I further understand that this information will be used *solely* for the purpose of obtaining criminal history record information.

Print Name:	
Signature:	**Date:**

Forward form to: ***Joanne Parker, jparker@duncanvilleisd.org*** *to request background check and final approval.*
A PICTURE ID MUST BE ATTACHED - Valid DRIVER'S LICENSE OR TX ID CARD. (Fingerprinting fees, if required, **are solely the responsibility of the applicant and are not reimbursable by Duncanville ISD.)**