

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Cleburne ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

I authorize the Cleburne Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment or volunteer service.

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.

LAST NAME _____
Including Maiden, Former Names, AKA, or Aliases

FIRST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____
ADDRESS CITY STATE ZIP

DRIVER'S LICENSE # _____ STATE _____ DATE OF BIRTH _____

Gender _____ Ethnicity _____
Male Female African American Anglo Hispanic American Indian Asian

SIGNATURE _____ DATE _____

By my signature hereon, I signify that I understand that my employment or volunteer service with the CLEBURNE Independent School District is contingent upon receipt of a satisfactory criminal background investigation report.

I understand that an unsatisfactory criminal background investigation report will be full justification for termination of employment or volunteer service with the school district.

SIGNATURE _____ DATE _____

(Texas Education Code §22.083) Access to Criminal History Records by Local and Regional Education Authorities

- (a) A school district, open enrollment charter school, private school, regional education service center, or shared services arrangement may obtain from any law enforcement or criminal justice agency all criminal history record information that relates to a person:
- (1) whom the district, school, service center, or shared services arrangement intends to employ in any capacity; or
 - (2) who has indicated, in writing, an intention to serve as a volunteer with the district, school, service center, or shared services arrangement.

DISTRICT USE

CAMPUS _____ STUDENT NAME _____

SUBMISSION DATE _____

The above request is being made for the following reason:

- Volunteer Field trip/campus Possible substitute Possible hire in a certified position
- Possible hire in a noncertified position Possible contracted service or contractor