



# TEXAS DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK REQUEST

**CONSULTANT, CONTRACTOR, VENDOR, PRIVATE DUTY NURSE, ETC...**

SUBMIT TO [JUANIRA.TIJERINA@PSJAISD.US](mailto:JUANIRA.TIJERINA@PSJAISD.US)

AT PSJA ISD EMPLOYEE RELATIONS FOR APPROVAL

Legal Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Event Date(s) or indicate current school year: \_\_\_\_\_

*For Private Duty Nurse* Name of Student: \_\_\_\_\_

Campus/Dept. or indicate 'District-wide': \_\_\_\_\_

Contact Numbers (Cell Preferred): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Last four digits of social security number: \_\_\_\_\_ (Please do not include copy of SS card)

Will individual be on school grounds, which may result in direct contact w/students?  Yes  No

If individual has been fingerprinted previously in accordance w/Senate Bill 9, please indicate so below:

Yes  No SID Number (if known): \_\_\_\_\_

**PLEASE MAKE SURE TO  
INCLUDE THESE ITEMS  
WHEN SUBMITTING  
THIS FORM:**

- ▶ Criminal History information Request
- ▶ DPS Computerized Criminal History (CCH) Verification form
- ▶ A clear copy of individual's Driver License or state-issued ID

## CAMPUS/DEPARTMENT ONLY

**Requested by:** \_\_\_\_\_

Name

Campus/Dept. & Title

Date

**INTERNAL USE ONLY**

Name Based (Not fingerprinted or not required)

Fingerprint Search

SID: \_\_\_\_\_

Search: \_\_\_\_\_

Subscribed till: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:  Yes  No

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Confidential**

The Pharr-San Juan-Alamo 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.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Date of birth \_\_\_\_\_ Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

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.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This form will be removed from the application and filed separately in the HR office.

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

**Pharr-San Juan-Alamo I.S.D.**  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

|  |                            |
|--|----------------------------|
| <b>Please:</b>                                 |                            |
| <b>Check and Initial each Applicable Space</b> |                            |
| CCH Report Printed:                            |                            |
| YES _____                                      | NO _____ initial           |
| Purpose of CCH: _____                          |                            |
| Empl ___                                       | Vol/Contractor ___ initial |
| Date Printed: _____                            | _____ initial              |
| Destroyed Date: _____                          | _____ initial              |
| <b>Retain in your files</b>                    |                            |

Rev. 09/2015

**PLEASE INSERT CLEAR PHOTOCOPY OF VALID  
DRIVER LICENSE OR STATE-ISSUED ID ON THIS PAGE:**  
(Front side only and do not include copy of social security card)