



TEXAS DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK REQUEST

**CONSULTANT, CONTRACTOR, VENDOR, PRIVATE DUTY
NURSE, ETC...** SUBMIT TO VERONICA.VEGA@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): _____

<p>PLEASE MAKE SURE TO INCLUDE THESE ITEMS WHEN SUBMITTING THIS FORM:</p>	<ul style="list-style-type: none"> ▶ Criminal History information Request ▶ DPS Computerized Criminal History (CCH) Verification form ▶ A clear copy of individual's Driver License or state-issued ID
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CAMPUS/DEPARTMENT ONLY

Requested by:

Name	Campus/Dept. & Title	Date
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INTERNAL USE ONLY

Name Based (**Not fingerprinted or not required**)

Fingerprint Search

SID: _____

Subscribed till: _____

By: _____

Date: _____

Approved: ____ Yes ____ No

By: _____

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.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime_Records_Information/Review_of_Personal_Criminal_History) 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 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 ____	NO ____ ____ initial
Purpose of CCH: _____	
Empl ____	Vol/Contractor ____ ____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
Retain in your files	

**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)