



Telephone (956) 969-6619  
Fax (956) 969-6932

## WESLACO INDEPENDENT SCHOOL DISTRICT

Janie D. Ybarra-Rodriguez, Assistant Superintendent for Human Resources  
Human Resources Department  
319 West 4th Street | P.O. Box 266  
Weslaco, TX 78599



Dr. Richard Rivera  
Superintendent of Schools

### INTERN

### PERSONAL IDENTIFICATION DATA FORM

#### GENERAL INFORMATION

DRIVER LICENSE / ID NUMBER

STATE ISSUED

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

MAILING ADDRESS

PO BOX

APT. NO.

CITY

STATE

ZIP CODE

PHONE 1

PHONE 2

HIGH SCHOOL ATTENDED: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

ACP ENROLLED IN: \_\_\_\_\_  
NAME OF ALTERNATIVE CERTIFIED PROGRAM

EMAIL ADDRESS: \_\_\_\_\_  
(PLEASE PRINT)

#### NOTE: Fingerprints are not required for Interns

#### FOR OFFICE USE ONLY:

NAME OF SCHOOL / DEPARTMENT WHERE ASSIGNED: \_\_\_\_\_

TO BE SUPERVISED BY: \_\_\_\_\_

DPS Results ☐ CLEAR ☐ RECORD

Date Completed \_\_\_\_\_ Completed by (Initials) \_\_\_\_\_

Revised April 2023

The Weslaco Independent School District is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.



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### CRIMINAL HISTORY RECORD INFORMATION REQUEST

#### CONFIDENTIAL\*

The WESLACO INDEPENDENT SCHOOL DISTRICT is authorized by state law (Texas Education Code Chapter 22, Subchapter C) to review the criminal history of student interns and independent contractors. To comply with this law, you are required to complete this form and return it with your Personal Identification Data Form to the Human Resources Office.

**This information will be used for the purpose of complying with  
Texas Education Code Chapter 22, Subchapter C**

#### PLEASE PRINT

NAME (As it appears on Driver's License or ID --- **NO NICKNAMES!**)

\_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
DRIVER LICENSE / ID NUMBER STATE ISSUED DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
SIGNATURE DATE

**NOTE: This form will be filed separately in the Human Resources office.**

#### FOR OFFICE USE ONLY:

DPS Results ☐ CLEAR ☐ RECORD

Fingerprinted ☐ YES ☐ NO

Requested by (Initials) \_\_\_\_\_ Completed by (Initials) \_\_\_\_\_

Date Completed \_\_\_\_\_

Date Fingerprinted \_\_\_\_\_

Subscribed to DPS SID \_\_\_\_\_

**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/Review%20of%20Personal%20Criminal%20History) 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

\_\_\_\_\_  
Weslaco Independent School District  
Agency Name (Please print)

\_\_\_\_\_  
Daniel M. Budimir  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

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