



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

CONSULTANT/PRESENTER 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

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (PLEASE PRINT)

BUSINESS PHONE NUMBER

OTHER PHONE NUMBER

NOTE: A professional district employee will accompany Consultants / Presenters at all times.

FOR OFFICE USE ONLY:

NAME OF SCHOOL / DEPARTMENT WHERE ASSIGNED: _____

DPS Results ☐ CLEAR ☐ RECORD

Fingerprints Required ☐ YES ☐ NO

Subscribed to DPS SID _____

Completed by (Initials) _____

Date Completed _____

If Yes, Date Fingerprinting Completed _____

Revised January 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

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: Name Based Inquiry

Empl _____ Vol/Contractor _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files