MAYPEARL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 40
MAYPEARL, TX 76064
972-435-1000*972-435-1001 FAX

SAFE SCHOOLS PROJECT CONSENT FORM

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Date: _____ Phone Number:_____

_____ _____ _____
Last Name First Name MI

_____
Maiden and/or Other Last Names Used

_____ _____ _____
City* County* State*

_____ _____ _____ _____
Date of Birth* Social Security Number** Sex** Race**

I, _____, am an applicant for employment/volunteering with the Maypearl ISD and have been advised that as a part of the application process, that Maypearl ISD conducts a criminal history background check. I do hereby consent to Maypearl ISD use of any information provided during the application process in performing the criminal history check. Maypearl ISD has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteering. In addition, I have been informed I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Maypearl ISD. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

***AS SHOWN ON THE ORIGINAL APPLICATION**
****TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONAL FILE.**

The following are my responses to questions about my criminal history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense?
(Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

_____
_____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO
If YES, please provide and explanation below:

_____

_____

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO
If YES, please provide an explanation below:

_____

_____

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO
If YES, please provide an explanation below:

_____

_____

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO
If YES, please provide an explanation below:

_____

_____

6. Drivers License #_____ State Issued_____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN COUNTY STATE DATES FROM TO

_____

_____

_____

_____

_____

_____

_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE MAY BE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERING THAT EXISTS AND MAY BE USED AT THE DISCRETION OF MAYPERL ISD.

SIGNED THIS_____DAY OF_____, 20_____

Applicant (Print Name) _____

Applicant Signature_____

****PHOTO IDENTIFICATION MUST BE PROVIDED FOR THIS BACKGROUND CHECK TO BE COMPLETE.****

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* 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

MAYPEARL 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

Rev. 09/2015