

JARRELL INDEPENDENT SCHOOL DISTRICT

This information will be used for non-employee background check use only.

Applicant Type

____ Contractor ____ Intern ____ Student Observation ____ Student Teacher ____ SFE

____ Band ____ Dance ____ Mentor ____ Volunteer: Reason Required: _____

Campus or Department Requesting Access To

____ BCE ____ DCE ____ IGO ____ JES ____ JMS ____ JRMS ____ JHS ____ Admin ____ SPED

General Information

Full Legal Name: _____

Full Address: _____

Date of Birth: _____ Social Security No: _____

License Number/State: _____ Phone No: (____) _____

Email Address: _____

The district may obtain criminal history record information that relates to a person who intends to serve as a volunteer or contractor with the District.

I authorize the Jarrell Independent School District to perform the criminal history check. I understand that my information will not be used to determine employment eligibility but to obtain criminal history record information.

As a contractor, volunteer, or in any other capacity requiring fingerprints, I understand that I am responsible for fingerprinting costs when needed.

Applicant Signature: _____ Date: _____

JARRELL ISD HUMAN RESOURCE USE ONLY

CCH Completed By: _____ Date: _____

Status: Approved Denied