



FIELD TRIP/VOLUNTEER FORM

**PALMER INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY AUTHORIZATION**

The Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer service with a school district. Therefore, as a part of your application process, you need to complete the following:

PLEASE PRINT

Last Name First Name Middle Initial Jr., Sr., etc.

Driver's License Number and State Issued Date of Birth _____ Race: White ___ Black ___ Hispanic ___ Other _____

Phone: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

For each residence in the last five years, list the city, state, and dates:

City	State	From (mm/yy)	To (mm/yy)	Last name at the time (if different)

Have you ever been convicted of or received deferred adjudication for a criminal offense? Yes No
If yes, please indicate the month, year, location, and type of each offense.

Location (City and State)	Offense	Last Name	Year	Month

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 filed in a locked cabinet in the personnel office.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

PALMERISD

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	