



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 of 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.

 Social Security Number Drivers License Number and State Issued

Birth Date _____ Sex: Male Female Email: _____

Ethnicity: *(Choose only one)* Hispanic/Latino Not Hispanic/Latino

Race: *(Choose one or more)* American Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islands White

Current Address: _____ Telephone Number: _____

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)

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

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

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

Location (City and State)	Offense	Last Name	Year	Month

I hereby authorize Palmer ISD and its agent to obtain a consumer report on me. Palmer ISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore I also authorize any of these agencies to release information on me to Palmer ISD.

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 removed from the application and filed separately in the personnel office.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

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: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	