

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Argyle Independent School District is required by Texas Education Code Chapter 22, Subchapter C - to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License (State and Number) _____

Mailing Address: _____

Email: _____

Sex: Male: _____ Female: _____

Ethnicity: Black: _____ White/Other: _____

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 HR office.

TASB HR Services

Copyright 12/15/2007 Texas Association of School Boards. All rights reserved.

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

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE (Please print)

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 identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

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 make an appointment with MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrustUSA.

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	