



# CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

I am an applicant for the:      Mentor Program       District Volunteer       Applying for a Position

with Flour Bluff Independent School District (the District) and have been advised that, as a part of the application process, the District will conduct a criminal history background check. I do hereby consent to the District's use of any information provided during the application process in performing the criminal history check. The District has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to become a mentor or a district volunteer. In addition, I have been informed that I will have an opportunity to clear up any mistaken information reported, within a reasonable time frame established at the sole discretion of the District. In compliance with the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the address and telephone number of the reporting agency (JD Palatine), and the reporting agency will provide the nature, substance and source of all information.

\_\_\_\_\_  
First Name Middle Name or Initial

\_\_\_\_\_  
Last Name Date of Birth (MM/DD/YYYY)

Male       Female

\_\_\_\_\_  
Other Names Known By

\_\_\_\_\_  
Social Security Number Primary Telephone Number

\_\_\_\_\_  
Current Address Apt #      years at this address

\_\_\_\_\_  
City State      Zip Code

\_\_\_\_\_  
Previous Address Apt #      years at this address

\_\_\_\_\_  
City State      Zip Code

\_\_\_\_\_  
Driver's License Number License State

\_\_\_\_\_  
Email Address

***I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information is found to be incorrect or incomplete, it may render me ineligible to mentor or volunteer.***

\_\_\_\_\_  
Signature Date

<b>DISTRICT USE ONLY</b>	Results:	FI/OS ____	Archive ____	National ____
_____ Signature	_____ Date	Approve	Disapprove	

# Flour Bluff Independent School District

## GENERAL INFORMATION

Will you abide by the safety rules of the district?

Yes  No

Have you ever been convicted of any crime?  Yes  No

If the answer is "yes," please explain:

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Have you ever been convicted of a felony or any crime involving moral turpitude?\*  Yes  No

If the answer is "yes," please explain:

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Have you ever been convicted of a felony or any crime involving moral turpitude and received probation?\*  Yes  No

If the answer is "yes," please explain:

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\* Moral turpitude is defined as an act of baseness, vileness or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rules of right and duty between persons. Crimes involving turpitude include, but are not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor.

*I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information is found to be incorrect or incomplete, it may render me ineligible to mentor.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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](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 \$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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	