# Ore City Independent School District

## Personnel Information/Criminal History Release

This form will be removed from the application and filed separately in the Personnel Office. Please complete all blanks.

Last First Middle Maiden

Social Security # Name

Address City State Zip Code

Home Phone # Work Phone # Sex ☐ Male ☐ Female

Ethnicity (Check One) ☐ American Indian ☐ Asian ☐ Black, Non-Hispanic ☐ Hispanic ☐ White, Non-Hispanic

Date of Birth Driver's License # DL State DL Exp. Date

(Check One)

☐ Employee/Applicant ☐ Substitute Personnel ☐ Student Teacher ☐ Volunteer (for class credit)

☐ Parent Volunteer ☐ Business Partnership Volunteer ☐ Individual Volunteer ☐ Other_____

School where volunteering

Highest Degree Held_____ Major_____ Minor_____

Teacher Certified ☐ Yes ☐ No State_____

# 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* 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

_____
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**

Rev. 09/2013