



**CRIMINAL HISTORY RECORD INFORMATION (CHRI)
CONFIDENTIAL
VOLUNTEER/PROSPECTIVE EMPLOYEE**

REQUIRED FOR PROCESSING: Texas Driver's License, Texas State ID, Out of State Driver's License, (Exception International Driver's License) must be attached to this form

***This form will be removed from the application and filed separately.**

The Galveston Independent School District is authorized by Texas Education Code 22.083 to obtain criminal history record information on persons the District intends to employ. The same criteria are used for volunteers as well. The information requested below is necessary to obtain criminal history record information.

Name (print clearly) _____
Last Name First Name Middle Name

Date of Birth ____/____/____ Last Four Digits of SS # XXX-XX-_____

Driver's License # _____

(Please select one) Gender: Male or Female

(Please select one) Ethnicity: Asian Black Hispanic White Other _____

Daytime Telephone Number _____ - _____ - _____

List All States Where a Driver's License Has been Obtained:

The questions below must be answered to complete this record or you will not be considered for employment or as a volunteer with the Galveston Independent School District.

(Please circle Yes or No in answer to each question below)

Yes/No Have you ever been convicted of a felony?

Yes/No Have you ever been arrested receiving either probation or deferred adjudication?

Yes/No Have you ever been convicted of a felony in any other state or country including Texas?

Yes/No Have you ever been arrested for any reason?

I understand 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. I understand and agree that if I am offered a position with Galveston ISD that I will be required to be fingerprinted as a part of a criminal history record authorized by Texas Education Code 22.083 and required by Senate Bill 9 (SB9).

Signature

Date

DO NOT WRITE IN THIS SPACE – HUMAN RESOURCES USE ONLY

Batch Date _____

____ Approved ____ Denied

Approving Signature

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

Galveston ISD

Agency Name (Please print)

Sallie Salinas

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	