

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.

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

Pasadena Independent School District
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: <u>Student Teacher</u>	_____
Hire ___ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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APPLICANT or EMPLOYEE NAME (Please print)

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Signature of Applicant or Employee

Date

Pasadena Independent School District
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: <u> Observation </u> / <u> Volunteer </u>	
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Pasadena ISD- Observation Request

If you are interested in volunteering or conducting observations in our district, you will need to submit a criminal history form within 3 days of your presence on any of our campuses.

The following information must also be provided for the program or campus:

Name of Observer: _____

Contact Information: Phone number or e-mail: _____

Preferred Location/School(s):

University/College Course or Alternative Certification Program:

Arrangement Details: Must be arranged by observer/volunteer and provide program letter to campus.

I understand the importance of confidentiality and agree to keep any names and/or information regarding students and their disabilities strictly confidential.

Signature

Date

Please submit the completed forms to:

**Pasadena ISD Human Resources
1515 Cherrybrook
Pasadena, TX 77502
Attention: Cynthia Guerrero/CH
Fax 713-740-4021
cguerrero@pasadenaisd.org**

Approved by PISD HR _____

Date _____

Revised: 08/27/2009

LAST NAME
(Apellido)

FIRST NAME
(Primer Nombre)

MIDDLE NAME
(Segundo Nombre)

MAIDEN NAME
(Apellido de Soltero)

(Print name exactly as it appears on driver's license)

Indicate any other name(s) by which you have been known:
(Indique cualquier otro nombre por el que haya sido conocido)

PASADENA INDEPENDENT SCHOOL DISTRICT
Criminal History Release
(Confidential)

DATE OF BIRTH _____ RACE: W () B () OTHER (Otro) _____ SEX: Male Female
(Fecha de Nacimiento) (Raza) (Sexo)

SOCIAL SECURITY NUMBER _____ STATE _____
(No. de Seguro Social)

DRIVER'S LICENSE NUMBER _____ STATE _____
(Num. de su licencia de Manejar)

IDENTIFICATION CARD NUMBER _____ STATE _____
(Num. de su tarjeta de identificación)

RESIDENCE FOR THE PAST 10 YEARS (State) (How long)
(Not an address) TEXAS _____
(Lugar donde ha resido en los últimos 10 años)

Do you hold a Texas Teaching Certificate? _____ yes _____ no Do you hold a Texas Paraprofessional Certificate? _____ yes _____ no

I, the undersigned, an applicant for employment with the Pasadena Independent School District, do hereby authorize the District to obtain any criminal history information that relates to me. This authority is giving pursuant to Section 22.083 of the Texas Education Code.

Yo, el que firma este documento, solicitante para empleo con el Distrito Escolar de Pasadena, por este medio doy mi autorización para que se obtenga cualquier información de historia criminal que se relacione conmigo. Esta autorización se hace de acuerdo al Art. Section 22.083 del Código Educativo de Texas.

SCHOOL/LOCATION

POSITION

DATE (Fecha)

SIGNATURE (Firma)

OFFICE USE ONLY

PERSONNEL

SUPPORT PERSONNEL

PISD POLICE DEPARTMENT

BUS DRIVER

JIMS

TCIC/NCIC

DPS

SUBMITTED

RETURNED