

FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT

234 Friendship Lane
Fredericksburg, Texas 78624

Phone (830) 997-9551 • FAX (830) 997-6164

Office of Operations & Personnel

PUBLIC SAFETY RECORD CHECK

CONFIDENTIAL*

The Fredericksburg Independent School District is required by state law to obtain criminal history background information on applicants for volunteer work with the district (Texas Education Code Section 22.085).

If you would like to volunteer for any school function including chaperone, V.I.C.E., and/or O.T.T.E.R., please fill out the information below and the form attached. The information requested below is necessary to obtain criminal history record information. If you do not return the form at this time, you may not be cleared in time for your volunteer activity.

If you DO NOT wish to volunteer or you are an FISD employee, please do not return this form.

PLEASE PRINT CLEARLY:

NAME: Last: _____ First: _____ Middle: _____

Last four digits of Social Security No: XXX-XX-_____ Date of Birth: _____

If you are unable to provide a social security number, please attach a copy of your State ID or Driver's License.

Gender: Male Female Ethnicity: Hispanic Black White/Other

I understand the information I am providing about age, gender, and ethnicity will not be used to determine eligibility for volunteer work, but will be used *solely* for the purpose of obtaining criminal history record information.

SIGNATURE: _____ DATE _____

*This CONFIDENTIAL form will be maintained in the FISD office and is valid for one year.

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Oficina de Operaciones & Personal

SEGURIDAD PÚBLICA REGISTRO

CONFIDENCIAL *

El Distrito Escolar Independiente de Fredericksburg requiere por ley estatal obtener información sobre los antecedentes penales del solicitante para trabajo voluntario en el Distrito (Tejas Educación Código de Sección 22.085).

Si desea ser voluntario en cualquier función de la escuela incluyendo acompañante, V.I.C.E. o O.T.T.E.R., por favor llene la siguiente información y el formulario adjunto. Si no devuelve el formulario en este momento, usted no podrá asistir a tiempo para su actividad de voluntariado.

Si usted no desea ser voluntario, o es un empleado de F.I.S.D., por favor no devuelva este formulario.

POR FAVOR IMPRIMA CLARAMENTE:

NOMBRE: _____
Apellido Primero Segundo

Los últimos cuatro dígitos de su Seguro Social No: XXX-XX-_____

Si usted no tiene Seguro Social, por favor añada una identificación con fotografía o licencia.

Fecha de Nacimiento: _____ Género: Masculino Femenino

Etnicidad: Hispano Negro Blanco/Otros

Entiendo que la información que estoy proporcionando sobre edad, sexo y origen étnico no se utilizará para determinar la elegibilidad para el trabajo voluntario, pero se utilizará únicamente con el propósito de obtener información del registro de antecedentes penales.

FIRMA _____ FECHA _____

* Este formulario confidencial se mantendrá en la oficina FISD y es válido por un año. –Revisado 10/2016

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 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 result of 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 L1 Enrollment Services, 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, L1 Enrollment 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.

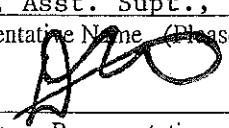
(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Fredericksburg, Ind. School District
Agency Name (Please print)

Donnie Finn, Asst. Supt., Operations/Personnel
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 checked="" type="checkbox"/>	<u>MM</u> initial
Purpose of CCH:	<u>Volunteer</u>
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	<u>MM</u> initial
Date Printed:	<u>MM</u> initial
Destroyed Date:	<u>MM</u> initial
Retain in your files	