



CONFIDENTIAL BACKGROUND FORM

The Dripping Springs Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Print Full Name as It Appears on Driver's License:

Name: _____

Last

First

Middle

Full Name at Birth (if other than above): _____

Mailing Address: _____

Street or P.O. Box

City

State

Zip

Area Code & Phone Number: _____

E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License State & Number: _____

Signature: _____ Date: _____

This form will be removed from the application and filed separately in the HR office.

Position(s) applying for: _____

**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](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 \$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

Dripping Springs ISD
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		