



Belton Independent School District
Department of Human Resources
P O Box 269*Belton, TX 76513*254-215-2015* Fax 254-215-2016
Todd Schiller
Executive Director of Human Resources

APPLICANT INSTRUCTIONS FOR CRIMINAL HISTORY FORM

- This is a two page document. Please print, sign and return both pages.
- Page 2 of this document makes reference to a fingerprint. This fingerprint is not required at this time.
- Please DO NOT upload these forms to your application(s)
- You may return the signed forms by one of the following methods.

Mail: Belton I.S.D.
Attn: Human Resources/Jo Ann Avila
P. O. Box 269
Belton, TX 76513

Fax: (254) 215-2016

Hand delivery: Belton ISD – Attention Jo Ann Avila
400 North Wall Street
Belton, TX 76513

Email: joann.avila@bisd.net

Note: If you are requesting to volunteer at a campus, please contact the appropriate campus for the volunteer/criminal history form and instructions.

**BELTON INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

Confidential*

The Belton 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.

PLEASE PRINT.

Full Name _____
Last First Middle Maiden/Other

Social Security Number _____ Date of Birth: ____/____/____
Month Date Year

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Ethnicity: Black
 Female White/Other

Position applied for: _____

I understand that 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.

Signature: _____

Date: _____

* This form will be removed from the application and filed separately in the Human Resources Office.

Approval _____ YES _____ NO _____
Signature Date

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

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	