



Belton Independent School District
Department of Human Resources
P O Box 269*Belton, TX 76513*254-215-2015* Fax 254-215-2016
Todd Schiller
Assistant Superintendent 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/Gloria Valdez
P. O. Box 269
Belton, TX 76513

Hand delivery: Belton ISD – Attention Gloria Valdez
400 North Wall Street
Belton, TX 76513

Email: gloria.valdez@bisd.net

Faxes will not be accepted

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

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	