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*

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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

Revised 1/23/2012
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 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

Rev. 09/2015