



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.

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

 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	