DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

, have been notified that a Computerized Criminal I, APPLICANT or EMPLOYEE NAME (Please print) History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using <u>name and DOB</u> method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Date	
Leo	onard ISD
Agency Name (Pleas	e print)
Agency Representative	e Name (Please print)
	Representative

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES NO D	_ initial	
Purpose of CCH:		
Hire 🗌 Not Hired 🗌	_ initial	
d Date Printed:	initial	
Destroyed Date:	initial	
Retain in your files		
Rev (02/2011	

For Agency Use Only:

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL

CRIMINAL HISTORY RECORDS INFORMATION

The Leonard Independent School District is authorized by state law to obtain criminal information on applicants the district intends to employ (Texas Education Code 22 083). The information requested below is necessary to obtain criminal record information.

LAST NAME	FIRST	NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE/ZIP	COUNTY	
DRIVERS LICENSE NUN	IBER SOCIAL SEC	URITY NUMBER	BIRTHDATE	
MORAL TURPITUDE IS AN ACT OF BASENESS, VILENESS OR DEPRAVITY IN THE PRIVATE AND SOCIAL DUTIES WHICH A PERSON OWES ANOTHER MEMBER OF SOCIETY OR SOCIETY IN GENERAL AND WHICH IS CONTRARY TO THE ACCEPTED RULE OF RIGHT AN DUTY BETWEEN PERSONS INCLUDING, BUT NOT LIMITED TO, THEFT, ATTEMPTED THEFT, MURDER, RAPE, SWINDLING AND INDECENCY WITH A MINOR If you answer yes to any of the following questions, please state where, when, and the nature of the offense in the comment section.				
Have you ever been convicte	d of a felony or any offense i	nvolving moral turpitude?	YES NO	
Have you ever been convicte offense? (Excluding minor tr	1 0 1		a court of any federal, state, or m	unicipal criminal

Have you received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense?	YES
NO	

Have you received probation or community supervision for any federal, state, or municipal criminal offense? YES____ NO____

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES____ NO__

COMMENTS:

Under penalty of perjury, I affirm that the above information is true and correct and I have not knowingly omitted any information requested above. The above data, i.e., race, sex, and birth date, will not be used for employment purposes, but is requested for identification purposes for the criminal history records check. A report showing a record of conviction will not automatically eliminate you from employment consideration or offer of contract, but it may do so. The nature and date of the offense and the relationship to the position for which you are applying will be considered.

THE DISTRICT MAY BE REQUIRED TO NOTIFY THE STATE BOARD OF EDUCATION CERTIFICATION IN WRITING IF THE SCHOOL DISTRICT OBTAINS OR HAS KNOWLEDGE OF INFORMATION SHOWING THAT AN APPLICANT HAS A REPORTED CRIMINAL HISTORY.

SIGN IF YOU AGREE TO THE ABOVE.

FOR LISD USE ONLY

Background Check Completed On:____

Background Conducted by:____

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

This section is to be used to list all counties and states of residence since age 18 or high school graduation. You must be specific about dates of residence.

DATES: CITY / TOWN TO	COUNTY	STATE	FROM

APPLICANT'S	SIGNATURE
-------------	-----------

DATE

AGREEMENT

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

APPLICANT'S SIGNATURE

DATE

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for <u>12 months</u>. If you have not received a response during this time period, you may reapply or reactivate your application.