

******FOR APPLICANTS – SCHEDULED FOR AN INTERVIEW******

INSTRUCTIONS: Please complete form prior to the interview. Place and seal in confidential envelope and return to the supervisor who will forward to Human Resource Services; or, mail to address listed above, attn. HRS.

Interview Date: _____ Interview Time: _____ Vacancy Title _____

CRIMINAL HISTORY RECORD INFORMATION (CHRI) AUTHORIZATION (Name-based only)

Confidential*

Education Service Center, Region 20 is authorized by state law to obtain criminal history record information (Education Code §22.083). If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Education Service Center, Region 20 to procure a National/Name CHRI at any time during your employment. In accordance with state law, when applicants for or holders of a certificate and/or permits (professional and/or paraprofessional) issued by the State Board of Educator Certification have any reported criminal history, ESC-20 is required to notify TEA. Please complete the information below. Refer questions to Human Resources Services at (210) 370-5200.

Social Security number: _____ - _____ - _____

Disclosure of your Social Security number is required and will be used for internal verification, administrative purposes, and to conduct in-depth background checks.

Name as it appears on your Social Security card:

 Last First Middle

Date of birth: 19__/___/___ Sex: Male Female
 Year Month Date

I understand that the information I am providing about *age and sex* will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information. I also understand that by signing this consent form, I consent to and permit ESC-20 to access criminal history databases for the purpose of obtaining criminal history information, if any.

 Signature Date

**This form will be placed in a confidential file.*

HRS Use Only

CHRI Action	Date	Initial
Received CHRI form from division/individual		
DPS verified		
Applicant disclosed conviction moral turpitude or felony Title 5/sex offender on employment appl <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No SBEC notified, if certified: <input type="checkbox"/> Yes Check certificate for pending disciplinary action <input type="checkbox"/> Yes		
Reviewed: Associate Director, BHRS <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Reviewed: Executive Director Application forwarded: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant Notification Letter (SBEC certif. only) <input type="checkbox"/> Yes <input type="checkbox"/> N/A Disposition Requested: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE (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 identifiers 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 the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on 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 MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrustUSA.

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)

Signature of Applicant or Employee

Date

ESC Region 20
Agency Name (Please print)

Tracey James
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: <u>Pre-Employment</u>	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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