

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, _____, have been notified that a Computerized Criminal 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 (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 <http://www.txdps.state.tx.us/internetforms/Forms/CR-63.doc> 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)

Date

Please: Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ Initial _____

Purpose of CCH _____

Hired ☐ Not Hired ☐ Initial _____

Date Printed _____ Initial _____

Date Destroyed _____ Initial _____

Retain in your files



EMERGENCY CONTACT

Spouse's Name:	Employee Name:
Place of Employment:	Home Address:
Spouse Daytime Number:	City, State, Zip:
	Home Phone Number:

Emergency Contact Information

Name & Relationship:	Name & Relationship:
Address:	Address:
Daytime Phone Number:	Daytime Phone Number:

Medical Information

Primary Care Physician

Name:
Phone Number:
Address:

Medical History

List any known allergies:
I am allergic to the following:
List any know medical condition(s) that may require immediate attention:
List any medications that are regularly taken for any condition:
Additional information or comments:

Signature

Date

Printed Name

2023– 2024 SCHOOL YEAR



PERMISSION FOR CRIMINAL HISTORY CHECK

Date: _____

The Katherine Anne Porter School requires that all applicants submit to a criminal history check. The information below is required to perform a criminal history check.

Full Name:					
SS#:			Date of Birth:		
Former Name Used:					
Citizen Status:		Citizen		Alien Permanent Resident	
Other					
Present Address:					
Permanent Address:					

Have you ever been convicted, or pled guilty or no contest to, a felony offense or offense involving moral turpitude (including, but not limited to theft, attempted theft, rape, murder, swindling and indecency with a minor) and/or received probation or deferred adjudication?

☐

Yes

☐

No

If yes, please explain:

For the purposes of employment with The KAP School, "convictions include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution."

I, _____, do not have any criminal charges pending against me and I also agree to immediately notify The KAP School if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or misdemeanor offenses, or any crime involving dishonesty or a breach of trust, while my application during my period of employment.

I understand that the information that I am providing about age, sex and ethnicity will not be used to determine eligibility, but will be used solely for the purpose of obtaining criminal history record information.

Applicant Signature

Date

2023 – 2024 SCHOOL YEAR