

# Dickinson Independent School District

## CRIMINAL HISTORY RECORD INFORMATION J D Palatine, LLC

Consent to perform criminal history background check in compliance with the FCRA  
(Fair Credit Reporting Act)

### Observation Hours

The Dickinson Independent School District is authorized by state law to obtain criminal history record information on persons being considered as volunteers or observers in the schools. The information requested below is necessary to obtain criminal history record information.

*Please Print*

Date \_\_\_\_\_ Campus Requested \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Maiden and/or Other Names Used \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number / State ID # \_\_\_\_\_ State Issuing Driver's License / ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex:  Male  Female

Ethnicity:  Black  White  Hispanic  Other

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.

**e-mail address:**

\_\_\_\_\_

\_\_\_\_\_  
**Applicant/Volunteer Signature**

Have you ever been convicted of a felony or an offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?  Yes  No

If Yes, please state where, when, and the nature of the offense: \_\_\_\_\_

Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense?  Yes  No

If Yes, please state where, when, and the nature of the offense: \_\_\_\_\_

## Dickinson Independent School District

As of the date of this authorization, do you have any pending criminal charges against you?

Yes       No \_\_\_\_\_

If yes, please provide an explanation below: \_\_\_\_\_

**LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR  
HIGH SCHOOL GRADUATION BELOW**

CITY / TOWN	COUNTY	STATE

I AM AN APPLICANT FOR EMPLOYMENT, TO VOLUNTEER, OR COMPLETE OBSERVATION HOURS WITH DICKINSON INDEPENDENT SCHOOL DISTRICT AND HAVE BEEN ADVISED THAT AS A PART OF THE APPLICATION PROCESS, THE EMPLOYER CONDUCTS A CRIMINAL HISTORY BACKGROUND CHECK. I DO HEREBY CONSENT TO THE EMPLOYER'S USE OF ANY INFORMATION PROVIDED DURING THE APPLICATION PROCESS IN PERFORMING THE CRIMINAL HISTORY CHECK. THE EMPLOYER HAS INFORMED ME THAT I HAVE THE RIGHT TO REVIEW AND CHALLENGE ANY NEGATIVE INFORMATION THAT WOULD ADVERSELY IMPACT A DECISION TO OFFER EMPLOYMENT OR PARTICIPATION IN A VOLUNTEER OR OBSERVATION PROGRAM. IN ADDITION, I HAVE BEEN INFORMED THAT I WILL HAVE A REASONABLE OPPORTUNITY TO CLEAR UP ANY MISTAKEN INFORMATION REPORTED WITHIN A REASONABLE TIME FRAME ESTABLISHED WITHIN THE SOLE DISCRETION OF THE EMPLOYER. UNDER THE FAIR CREDIT REPORTING ACT, I HAVE BEEN ADVISED THAT UPON REQUEST, I WILL BE PROVIDED THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE REPORTING AGENCY AS WELL AS THE NATURE, SUBSTANCE AND SOURCE OF ALL INFORMATION.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT, AND COMPLETE, AND ANY INFORMATION PROVEN TO BE INCORRECT OR INCOMPLETE MAY BE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT THAT EXIST, OR DENIAL TO OBSERVE OR VOLUNTEER ON ANY DICKINSON ISD CAMPUS, AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A COPY OF CURRENT DRIVER'S LICENSE OR STATE IDENTIFICATION\*\*\*\*\***