

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)



ROUND ROCK CHRISTIAN ACADEMY
CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

Disclosure: The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information Round Rock Christian Academy (RRCA) collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have RRCA correct information about you that is held by us and is incorrect. However, state law prohibits RRCA from providing criminal history record information to you that was obtained from the Department of Public Safety (DPS). You may obtain a copy of your criminal history record information directly from the DPS in accordance with DPS procedures. Disclosure of Social Security numbers (SSN) is requested from you in order for RRCA to complete a background check. Failure to provide your SSN may result in dismissal or ineligibility to be hired.

Authorization: I hereby authorize RRCA or its agent to obtain my criminal, driving, and other related reports to include education, license, and certification in connection with my employment or potential employment (including contract for services) with RRCA. I consent to providing my fingerprints if required in connection with the criminal background check. I hereby release RRCA and its agents and employees, and the law enforcement agency, from all liability resulting from the furnishing of this information to RRCA.

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 the 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, RRCA is not allowed to discuss any information obtained using this method. RRCA will have the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

Signature of applicant/employee

Date

First Name Middle Name Last Name Suffix Maiden/former name (if applicable)

Present street address (no PO Box) City State Zip code Years at this address

Previous street address (no PO Box) City State Zip code Years at this address

From age 17 on, list any states/countries you have lived in outside of Texas and the dates that you lived there:

Date: From (MM/YY) To (MM/YY)	City	State	Country

☐ Male

☐ Female

Current Phone

Driver's License # / State

Social Security Number

DOB (MM/DD/YYYY)

Certification: I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any false statements or omission of information made herein will void my application and be grounds for refusal to hire or, if hired, termination. I certify that I will report in writing any charges or convictions, excluding misdemeanor offenses punishable by fine, occurring after the completion of this form and understand that failure to do so shall void my application and be grounds for refusal to hire, or, if hired, termination. Any offer of employment is contingent on the completion of a satisfactory criminal background investigation.

Signature of applicant/employee

Date

Email Address

This section to be completed by RRCA Administration.

CCH Report Printed:	Yes ____ No ____ Initial ____	Recommendation: Suitable ____ Not Suitable ____
Document Retention:	Date printed ____ Date destroyed ____ Initial ____	

This copy must remain on file at RRCA as required for future DPS Audits.