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# WESLACO INDEPENDENT SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

319 W. 4th Street | PO Box 266

Weslaco, Tx 78599-0266

Phone (956) 969-6619 • Fax (956) 969-6932



Dr. Priscilla Canales,  
Superintendent of Schools

## CONSULTANT/PRESENTER PERSONAL IDENTIFICATION DATA FORM

### GENERAL INFORMATION:

Social Security Number \_\_\_\_\_ Driver's License or ID # \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Physical Address: \_\_\_\_\_  
House Number and Street P.O. Box Apt. No.

City State Zip Code (Area Code) Home Phone (Area Code) Cell Phone

Company Name \_\_\_\_\_

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

Email Address (Please Print) \_\_\_\_\_ (Area Code) Business Phone (Area Code) Other Phone

### EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Weslaco ISD considers applications for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

### FOR OFFICE USE ONLY:

Name of School/Department where assigned: \_\_\_\_\_

Consultant must be accompanied by a professional district employee at all times.

Date Received \_\_\_\_\_ Date Application Processed \_\_\_\_\_

DPS Processed  CLEAR  RECORD Date \_\_\_\_\_ Initials \_\_\_\_\_

Fingerprints Required  YES  NO If yes, Date Fingerprinting Completed \_\_\_\_\_

Failed to complete process, offer withdrawn @ SBEC \_\_\_\_\_



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CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential\*

The WESLACO INDEPENDENT SCHOOL DISTRICT is authorized by state law (Texas Education Code Chapter 22, Subchapter C) to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers being considered for employment. To comply with this law, you are required to complete this form and return it with your application to the Human Resources Office.

**This information will be used for the purpose of determining eligibility for employment in the WESLACO INDEPENDENT SCHOOL DISTRICT.**

PLEASE PRINT!

NAME (As it appears on official records --- **NO NICKNAMES!**)

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

\_\_\_\_\_  
Mailing Street Address City State Zip Code

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

Driver's License or ID # \_\_\_\_\_ State Issued \_\_\_\_\_

Sex:  Male  Female Ethnicity:  Black  White/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. I further understand my employment is contingent upon satisfactory clearance of investigation of record for any felony conviction. *I also understand that if hired, I will be responsible to pay a fee for the fingerprinting process.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

Weslaco ISD considers applications for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

**FOR OFFICE USE ONLY:** Requested by (initials) \_\_\_\_\_ Logged on DPS \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials \_\_\_\_\_

DPS Processed  CLEAR  RECORD Fingerprinted  YES  NO Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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 [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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.

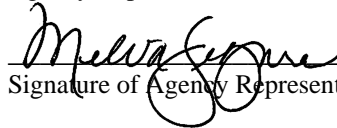
**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Weslaco Independent School District  
\_\_\_\_\_  
Agency Name (Please print)

Mrs. Melva Segura, Director of Human Resources  
\_\_\_\_\_  
Agency Representative Name (Please print)

  
\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: <u>Name Based Inquiry</u>	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	