



# 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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer 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.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

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

**Jourdanton Independent School District**  
**200 Zanderson, Jourdanton, Texas 78026**  
**830-769-3548**  
**Fax: 830-769-4346**

**Recommendation Form**

*To the Applicant: Please complete the blanks in the top section of this form. You should request at least three (3) reference forms to be completed and mailed to Jourdanton ISD.*

.....  
 I have applied for employment with the Jourdanton Independent School District. I hereby give the District permission to make inquiries of references and former employers concerning my performance in the past and my general character. I hereby authorize the party receiving this form to give full and complete information as may be requested by the District. I further agree that this information requested will not become a part of my file if I am employed by the District and I agree that the information will not be disclosed to me, but will be treated as confidential by the district. I waive my right to see this information.

Name of applicant \_\_\_\_\_ Position for which you are applying \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
 .....

**Please rate the above applicant by checking the appropriate category.**

**5 - Clearly Outstanding    4 - Exceeds Expectations    3 - Satisfactory    2 - Below Expectations    1 - Unsatisfactory**

<b>PERSONAL PERFORMANCE QUALITIES</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Appearance					
Attendance					
Punctuality					
Dependability					
Professional judgment					
Response to supervision					
Commitment					
Emotional Stability					
Ethics					

<b>WORK PERFORMANCE QUALITIES</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Instructional strategies					
Classroom management & organization					
Knowledge of subject matter					
Presentation of subject matter					
Learning environment					
Professional Growth and Responsibilities					
Effective human relations skills					
With peers					
With parents					
With students					
Probable success in above position					

How long have you known this applicant? \_\_\_\_\_ years                      From: \_\_\_\_\_ To: \_\_\_\_\_

What was your official relationship to applicant? \_\_\_\_\_

Would you employ this applicant for the position above? \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Signature \_\_\_\_\_ Organization/Position \_\_\_\_\_

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