

**CRIMINAL BACKGROUND CHECK FORM**  
**THE UNIVERSITY OF TEXAS BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE**  
**Office of Human Resources**

---

---

**Notice About Information Laws and Practices**

With few exceptions, you are entitled on your request to be informed about the information The University of Texas at Brownsville and Texas Southmost College (UTB and TSC) 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 UTB and TSC correct information about you that is held by us that is incorrect, in accordance with the procedures set forth in The University of Texas System Policy UTS139. The information that UTB and TSC collects will be retained and maintained as required by Texas Records Retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

---

---

**THIS SECTION TO BE COMPLETED BY AN APPLICANT OR EMPLOYEE UNDER CONSIDERATION FOR PROMOTION, TRANSFER OR RECLASSIFICATION FOR A POSITION DESIGNATED AS SECURITY SENSITIVE**

(See HOP Policy 8.2.25, "Criminal Background Checks")

**PRINT all information requested. Falsification of any information on this form will void your Application for Employment and any actions based on it. The information on the Application for Employment, together with any attachments, is the property of UTB and TSC.**

Name: \_\_\_\_\_  
Last First Middle UTB and TSC ID (if available)

List any former names used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YY

Driver's License (state and number): \_\_\_\_\_ Phone number: \_\_\_\_\_

Out of State Address and Dates of Residency (if applicable): \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain fully: \_\_\_\_\_

---

*I hereby authorize any law enforcement agency to furnish UTB and TSC or its agent information related to my criminal history. I hereby release UTB and TSC and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to UTB and TSC. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my Application for Employment and any actions based on it.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**THIS SECTION TO BE COMPLETED BY THE DEPARTMENT**

**Send this completed form to the UTB and TSC Office of Human Resources (HR). Attach a copy of the applicant's Employment Application. The departmental account number specified below will be charged \$6.00 for processing this request.**

Applicant's Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Account Number to be charged: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Please send this form to the Office of Human Resource at Cortez 129 or fax at 882-7476.

---

---

**THIS SECTION TO BE COMPLETED BY UTB and TSC HR (Check appropriate box)**

**Approved**      **Disapproved**      Director of HR Signature: \_\_\_\_\_

# 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, L I Enrollment 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	No	_____ Initial
Purpose of CCH: _____		
Hired	Not Hired	_____ Initial
Date Printed: _____ Initial		
Destroyed Date: _____ Initial		
<b>Retain in your files</b>		