FORT WORTH INDEPENDENT SCHOOL DISTRICT

Notice Regarding Criminal Record Check

ALL SHADED BOXES ARE FOR OFFICE USE ONLY

Limitations	Anticipated Start Date:_____	Date Received by OPS
_____	_____Auxiliary Staffer's Initials_____	_____
_____	_____Professional Staffer's Initials_____	
_____		

OFFICE OF PROFESSIONALS STANDARDS STAFF USE ONLY

_____ SBEC Uploaded _____ County _____ State_____ FBI

Conditional clearance ☐Yes ☐ No _____ Signature

Cleared to work ☐Yes ☐ No _____ Signature

The Fort Worth ISD is authorized by statute to review each applicant for possible criminal records and employee suitability. This criminal record check will be performed based on the following information.

Applicant begins here. Please print and complete ALL blanks.

_____ / _____ / _____ / _____ / _____

Last Name First Name MI Suffix (Jr. Sr.) Birth Last Name

_____

Address City State Zip

_____ / _____ _____Current Employee Date of Birth

Area Code/Telephone No. _____Applicant _____Former Employee

Mo.	Day	Year

Social Security Number _____ Position Title_____

Driver's License Number _____ Class_____ State Issued_____

Email address _____ Place of Birth (State or Country) _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

☐ Male ☐ Female ☐ African American ☐ White ☐ Hispanic ☐ Asian ☐ Indian ☐ Other

List other names used such as maiden, previous marriages or name changes _____

Please list all places of residence (city/state only) beginning with 1995 (use back of page, if necessary)

Dates	City	State

I certify the above information is true and correct.

_____ _____

Signature Date

(MJ031010)