

Dallas County Community College District Criminal Background Check

PLEASE PRINT:

Last _____ First _____ Middle _____ SSN or Employee ID _____ Date of Birth _____ DCCCD Location _____ Date _____
 Current Home Address: _____ City _____ State _____ Zip Code _____

Current Employee

Division: _____
 Supervisor: _____
 Location HR: _____

Authorized Volunteer

Division: _____
 Supervisor: _____
 Location HR: _____

Applicant for Employment

Position #: _____
 Location HR: _____

Under the authority of the Texas Education Code and the Fair Credit Reporting Act, the DCCCD shall require a criminal history check of its employees, applicants for employment, authorized volunteers and employees of independent contractors that do business with the DCCCD if the employment or relationship will require the individual to be classified as having regular contact with minor children, handling currency, access to debit/credit card information, or if the employees position has access to security sensitive information.

The DCCCD will not employ a person or contract with an independent contractor who has been convicted of any felony or misdemeanor involving any type of sexual offense of a minor or theft, burglary, or robbery as defined in the Texas Penal Code, as amended, unless the misdemeanor is minor in nature and the individual has a background that is otherwise clear of criminal convictions. A conviction includes deferred adjudication.

I do hereby consent to the DCCCD use of any information provided in performing the Criminal Background Check(s). Under the provisions of the Fair Credit Reporting Act, I am being informed that upon request, I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance and source of all information.

I understand the above statement and consent to a criminal background check. This information will be confidential and filed under separate cover at the DCCCD District Human Resources Office.

Signature _____ Date _____

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> CONTACT WITH MINORS - | <input type="checkbox"/> Initial Request (proceed to Page 2) | <input type="checkbox"/> Renewal (continue below) |
| <input type="checkbox"/> CURRENCY HANDLING - | <input type="checkbox"/> Initial Request (proceed to Page 2) | <input type="checkbox"/> Renewal (continue below) |
| <input type="checkbox"/> DEBIT/CREDIT INFORMATION - | <input type="checkbox"/> Initial Request (proceed to Page 2) | <input type="checkbox"/> Renewal (continue below) |
| <input type="checkbox"/> SECURITY SENSITIVE - | <input type="checkbox"/> Initial Request (proceed to Page 2) | <input type="checkbox"/> Renewal (continue below) |

RENEWAL ONLY: You must answer all questions.

- 1) Did your most recent DCCCD Criminal Background Check occur longer than 5 (five) years ago? ___ Yes ___ No
- 2) Did your most recent DCCCD Criminal Background Check occur longer then 1 (one) year ago? ___ Yes ___ No
- 3) Have you moved to a different county or state since your most recent Criminal Background Check? ___ Yes ___ No
- 4) Have you been arrested, convicted, received deferred adjudication, probation, community supervision or plead guilty before any federal, state, or municipal court since your most recent Criminal Background Check? ___ Yes ___ No
- 5) Have you had any circumstance since your most recent Criminal Background Check which would affect a criminal background check? ___ Yes ___ No

• **If you answered "Yes" to any of the above, proceed to page 2.**

I certify that all information provided in this authorization is true, correct, and complete to the best of my knowledge. I understand that if any information proves to be incomplete or incorrect, I may be subject to disciplinary action, including termination of employment or revocation of an employment offer by the DCCCD.

Signature _____ Date _____

DISTRICT HR USE ONLY - Date(s):

Investigation performed: _____ Results/ Notification : _____ By: _____

(check if: ___ Not in System | ___ FI | ___ MI | ___ DS)

DHR approval _____

**Dallas County Community College District
Criminal Background Check
PAGE 2**

PLEASE PRINT:

Last _____ First _____ Middle _____ SSN or Employee ID _____ Date of Birth _____ DCCCD Location _____ Date _____
 Current Home Address: _____ City _____ State _____ Zip Code _____

CONTACT WITH MINORS – Answer all questions in the section.

- 1) Have you ever been convicted or plead guilty before a court of any federal, state, or municipal court for a criminal offense involving any type of sexual contact with a child or abuse of a child? Yes ___ No ___
- 2) Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense involving any type of sexual contact with a child or abuse of a child? Yes ___ No ___
- 3) Have you ever received probation or community supervision for any federal, state or municipal offense involving any type of sexual contact with a child or abuse of a child? Yes ___ No ___
- 4) Have you ever been convicted of any of sexual contact with a child or abuse of a child country outside of the U.S.? Yes ___ No ___

-CURRENCY HANDLING **- DEBIT/CREDIT INFORMATION** **-SECURITY SENSITIVE**

Answer all questions in the section.

- 1) Have you ever been convicted or plead guilty before a court of any federal, state, or municipal court for a criminal offense involving any type of theft, burglary, or robbery as defined in the Texas Penal Code, as amended? Yes ___ No ___
- 2) Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense involving any type of theft, burglary, or robbery as defined in the Texas Penal Code, as amended? Yes ___ No ___
- 3) Have you ever received probation or community supervision for any federal, state or municipal offense involving any type of theft, burglary, or robbery as defined in the Texas Penal Code, as amended? Yes ___ No ___
- 4) Have you ever been convicted of any type of theft, burglary, or robbery as defined in the Texas Penal Code, as amended outside of the U.S.? Yes ___ No ___

OTHER CONVICTION(S):

Have you ever been convicted for a violation of any Law other than minor traffic violations? Yes ___ No ___
 If yes, give year, location, and nature of violation and disposition (A conviction will be considered only if relevant to a particular position).

PLACES OF RESIDENCE: You must be specific with details in this section.

List all **counties** and states of residence since age 18 or high school graduation, beginning with the present.
 Attach additional sheet(s) if necessary.

MONTH/YEAR	to	MONTH/YEAR	COUNTY	STATE
		Present		

My signature below hereby certifies that all information provided in this authorization is true, correct and complete to the best of my knowledge. I understand that if any information proves to be incomplete or incorrect, the Dallas County Community College District may use this as grounds for the cancellation of employment offers and the information may be used at the discretion of the District.

Signed this _____ day of _____, 200__ By: _____
Signature