



ROCKWALL INDEPENDENT SCHOOL DISTRICT

Consent to Perform Background Check

Confidential

The Rockwall Independent School District is authorized by State law to obtain criminal history record information on individuals applying for positions in the District (Texas Education Code § 22.083). The information requested below is necessary to obtain criminal history record information.

Campus		Position	
Applicant's Full Name (Please include middle name; name must match driver's license)			
(Last)		(First)	(Middle)
Applicant's Maiden and/or Other Name(s) Used			
Applicant's Address			
(Street)		(City)	(State)
		(Zip)	(County)
Applicant's Social Security #	Applicant's Driver's License #	Applicant's Date of Birth	Applicant's Gender
			<input type="checkbox"/> M <input type="checkbox"/> F
Applicant's E-mail Address		Applicant's Phone #	
List two most recent permanent addresses:			
(1).	City: _____	County: _____	
	State: _____	From: _____	To: _____
(2).	City: _____	County: _____	
	State: _____	From: _____	To: _____
<p>I have been informed that as a part of this process, the District conducts a background check including but not limited to a criminal history background check.</p> <p>I hereby consent to the District's use of any information secured in performing the background check including but not limited to a criminal history background check, employment or education verifications, personal reference check, and/or driving record check.</p> <p>I have been informed by the District that I have the right to review and challenge any negative information received that might adversely impact the District's decision. I have also been advised that the District will give me a reasonable opportunity to clear up any mistaken information reported.</p> <p>I understand that the information I am providing about Date of Birth and Gender will be used solely for the purpose of obtaining criminal history record information.</p> <p>Applicant Signature _____ Date _____</p>			

Parental consent required if applicant under age 18:

Parent Signature _____ Date _____

Policy DC (LEGAL/LOCAL)

Policies/Procedures

PPR: 02/19