

PSJA ISD Criminal Background Check Packet

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Greetings,

Our records show you have selected PSJA Independent School District (ISD) as your district of choice. PSJA ISD requires that you complete a criminal background check (CBC). To complete your CBC with PSJA ISD, please complete the 5 requirements below and submit via-email to maribel.martinez@psjaisd.us.

The following items will be required to complete your background check.

1. Complete the attached CBC documents.
2. Texas Driver's License or Texas I.D (Copy)
3. Social Security Card
4. Current T.B. Test (no longer than a year old) Attached form.
5. HR Letter (attached form)

Failure to complete this process by the deadline could result in delayed placement.

If you have any additional questions pertaining to the CBC, please contact Ms. Maribel Martinez at 956-354-2013.

Should you have any questions, please feel free to contact our office at 956-665-5910 or 956-882-4139.

We look forward to your participation.

Thank you,

Office of Field Experiences

Edinburg Campus
Education Complex 2.510
(956) 665-5910

Brownsville Campus
BMAIN 2.200M
(956) 882-4139

Support: ofe@utrgv.edu



BACKGROUND CHECK

Please check one:

SUBSTITUTE TEACHER Certified Degreed Non-Degreed

OBSERVATIONS STUDENT TEACHER INTERN

College/University: _____

VOLUNTEER Campus: _____

Does individual have a child at this campus? Yes No

Name(s): _____

Name: _____

E-Mail Address: _____

Contact Number: _____

FOR HR ONLY:

Assigned Campus: _____

Type of Check Conducted:

Name Based / Clearinghouse – Subsc.: Yes No SID#: _____

Conducted by: _____ Date: _____

Allowed at Campus/Department:

Yes _____

No _____

Date: _____

START COLLEGE NOW! COMPLETE EARLY! GO FAR!

601 E. Kelly St., Pharr, TX 78577 P: (956) 354-2013 F: (956) 354-3013 www.psjaisd.us

It is the policy of Pharr-San Juan-Alamo ISD not to discriminate on the basis of sex, disability, race, color, religion, national origin or age.

**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 identifiers I supply.

APPLICANT / EMPLOYEE NAME (PLEASE PRINT)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprint 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 make an appointment with MorphoTrust USA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrust USA.

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.

Signature of Applicant / Employee Date

(This copy must remain on file by your agency. Required for future DPS audits.)

**PHARR-SAN JUAN-ALAMO
INDEPENDENT SCHOOL DISTRICT**

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please check and initial each applicable space:	
CCH Report Printed:	
Yes ____ No ____	_____ initial
Purpose of CCH: _____	
Hired ____ Not Hired ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
RETAIN FOR YOUR FILES	

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Pharr-San Juan-Alamo Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Date of birth _____ Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.*

Signature

Date

*This form will be removed from the application and filed separately in the HR office.

PHARR-SAN JUAN-ALAMO INDEPENDENT SCHOOL DISTRICT

TB Questionnaire

Date _____

Name _____ Date of Birth _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by you.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills, and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if you have been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: have you been around anyone with any of these symptoms or problems? or have you had any of these symptoms or problems? or have you been around anyone sick with TB?			
Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____			
To your knowledge, have you spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Have you been tested for TB? Yes___ (if yes, specify date ___/___) No___
 Have you ever had a positive TB skin test? Yes___ (if yes, specify date ___/___) No___

If you have one "YES" answer or more on the questionnaire, you are considered at risk and you are required to get a TB skin test.

I understand that I must submit the "CERTIFICATION OF EXAMINATION FOR TUBERCULOSIS" form to the PSJA HUMAN RESOURCES OFFICE in order to proceed with my employment/volunteer process.

signature

date

printed name