

FORT WORTH INDEPENDENT SCHOOL DISTRICT
 Notice Regarding Criminal Record Check

ALL SHADED BOXES ARE FOR OFFICE USE ONLY

Limitations _____ _____ _____
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Anticipated Start Date: _____ _____ Auxiliary Staffer's Initials _____ _____ Professional Staffer's Initials _____
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Date Received by Professional Standards _____

OFFICE OF PROFESSIONALS STANDARDS STAFF USE ONLY			
_____ County	_____ State	_____ PCC	_____ FBI
Conditional clearance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Signature
Cleared to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Signature

The Fort Worth ISD is authorized by statute to check the background of each applicant for possible criminal records. I understand this check will be performed based on the information I have provided.

Applicant begins here. Please print and complete ALL blanks.

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

 Address City State Zip

 Area Code/Telephone No. _____ Current Employee Date of Birth

 Applicant Former Employee

Mo.	Day	Year

Social Security Number _____ Position Title _____

Driver's License Number _____ State Issued _____

- 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 1985

Dates	City	State

 Signature

 Date