Directions for Completing Argyle ISD Criminal Background Check

1. Print out all the forms in this attachment.
2. Complete the forms.
3. Scan the forms and save to your computer.
4. Email the forms to COE-ClinicalPractice@unt.edu by the due date provided in the email you received.
Argyle Independent School District
Student Teaching Placement Application

**Students:** Please submit this completed form to your Program Supervisor for approval.

**Program Supervisors:** Please send this completed form via email to cdaniel@argyleisd.com

Complete this form to request Student Teaching Placement. After the criminal background check has been approved placement will be made with a campus teacher and you will be notified. Requests are processed according to the date received and the availability of campus teachers. Please be aware of request deadlines - as placements are limited.

- Deadline for Requesting FALL Student Teaching Placement: **May 1**
- Deadline for Requesting SPRING Student Teaching Placement: **November 1**

Submission Date: ____________________________

Student Name: ____________________________________________

Date of Birth: ____________________________________________ Phone: ____________________________

Email: ________________________________________________

University, College, or Certification Program: ____________________________

Area of Certification: (Ex: EC-6, Gen. 4-8, 6-12 Math) ____________________________

One Rotation or Two? ____________________________

First Rotation Dates: ____________________________ to ____________________________

(if applicable) Second Rotation Dates: ____________________________ to ____________________________

Special Requirements for this Placement: ____________________________________________

Program Supervisor’s Signature: ____________________________

Program Contact Person and Email: ____________________________

For District Office Use Only

First Assignment Date: ____________________________ Campus: ____________________________

Campus Address: ____________________________________________ Phone: ____________________________

Mentor Teacher: ____________________________________________ Email: ____________________________

Grade Level/Subject: ____________________________________________

Principal: ____________________________________________ Email: ____________________________

Second Assignment Date: ____________________________ Campus: ____________________________

Campus Address: ____________________________________________ Phone: ____________________________

Mentor Teacher: ____________________________________________ Email: ____________________________

Grade Level/Subject: ____________________________________________

Principal: ____________________________________________ Email: ____________________________

ISD Approval: ____________________________
Confidential

The Argyle 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 volunteers. The information requested below is necessary to obtain criminal history record information.

Name: ______________________________________________________________________

Social Security Number: ________________________ Date of Birth: ______________________

Driver’s License (State and Number) ____________________________________________________

Mailing Address: ___________________________________________________________________

Email: ____________________________________________________________________________

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.

TASB  HR Services
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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.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, 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 name and DOB search.

For the fingerprinting 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 MorphoTrustUSA, 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, MorphoTrustUSA.

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.

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

Signature of Applicant or Employee

________________________________________

Date

________________________________________

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:

________________________________________

Approved ☐  Not Approved ☐  _______ initial

Date Printed: ___________  _______ initial

Destroyed Date: ___________  _______ initial

Retain in your files

Rev. 09/2012
Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: ________________________________

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: ________________________________

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**Declaration of Applicant**

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last) ___________________________   Date of Birth ___________________________

Address (Street, City, State, Zip Code) ___________________________   County ___________________________

Executed in ______ County, State of ______, on the ______ day of ______, ______.

County ___________________________   State ___________________________   Date ___________________________   Month ___________________________   Year ___________________________

(Signature of Declarant) ___________________________

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.*

________________________________________

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.