

**\*\*\*\*FOR APPLICANTS – SCHEDULED FOR AN INTERVIEW\*\*\*\***

**INSTRUCTIONS:** Please complete form prior to the interview. Place and seal in confidential envelope and return to the supervisor who will forward to Human Resource Services; or, mail to address listed above, attn. HRS.

Interview Date: \_\_\_\_\_ Interview Time: \_\_\_\_\_ Vacancy Title \_\_\_\_\_

**NATIONAL/NAME CRIMINAL HISTORY RECORD INFORMATION (CHRI) AUTHORIZATION**

**Confidential\***

Education Service Center, Region 20 is authorized by state law to obtain criminal history record information (Education Code §22.083). If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Education Service Center, Region 20 to procure a National/Name CHRI at any time during your employment. Random CHRI inquiries will be conducted annually. In accordance with state law, when applicants for or holders of a certificate and/or permits (professional and/or paraprofessional) issued by the State Board of Educator Certification have any reported criminal history, ESC-20 is required to notify TEA. Please complete the information below. Refer questions to Human Resources Services at (210) 370-5200.

Social Security number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

*Disclosure of your Social Security number is required and will be used for internal verification, administrative purposes, and to conduct in-depth background checks.*

Name as it appears on your Social Security card:

\_\_\_\_\_  
Last First Middle

Date of birth: 19\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Year Month Date

I understand that the information I am providing about *age and sex* will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information. I also understand that by signing this consent form, I consent to and permit ESC-20 to access criminal history databases for the purpose of obtaining criminal history information, if any.

\_\_\_\_\_  
Signature Date

*\*After a CHRI report is requested, this form will be placed in a confidential file.*

**HRS Use Only**

CHRI Action	Date	Initial
Received CHRI form from division/individual		
DPS verified		
Employee disclosed incident/conviction on employment appl <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SBEC notified, if certified: <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Check certificate for pending disciplinary action <input type="checkbox"/> Yes		
Reviewed: Associate Director, BHRS <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Reviewed: Executive Director Application forwarded: <input type="checkbox"/> Yes <input type="checkbox"/> No		