

**Grape Creek Independent School District
Personnel Information/Criminal History Release**

This form will be removed from the application and filed separately in the Personnel Office. Please complete all blanks.

Last _____ First _____ Middle _____ Maiden _____

Social Security # _____

Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Sex Male Female

Date of Birth _____ Driver's License # _____ DL State _____ Class _____

DL Exp. Date _____

(Check One or More)

Employee/Applicant Substitute Personnel ASU Student Teacher Parent Volunteer

ASU Volunteer (for class credit) Individual Volunteer Other _____

School or Class where volunteering _____

Highest Degree Held _____ Teacher Certified Yes No State _____

Please Read and Sign Below

I hereby give the Grape Creek Independent School District written permission by and through this release form to obtain from any law enforcement or criminal justice agency all criminal history record information that relates to me. (As per Texas Education Code . 22.083)

It is my understanding that by signing this release, I am giving Grape Creek ISD the authority to use this information to run a criminal background check annually as long as I am employed by the District.

It is understood that the information shall be treated confidentially and used only to evaluate my application to work in the Grape Creek Independent School District. As an applicant herein, I shall hold GCISD and all other agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release approval will be maintained within the District's files.

Applicant's Signature _____ Date _____

Notice Regarding Background Check and Fingerprinting Fees

Grape Creek ISD assumes the cost of all required Criminal Background Check and Fingerprinting fees at the time employment is extended. If an employee leaves the district within one calendar year of hire, these fees will be recovered from final payroll disbursements.

I acknowledge understanding of this policy.

Applicant's Signature _____ Date _____