

Edinburg CISD Criminal Background Check Packet

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The University of Texas
Rio Grande Valley
.....
Office of Field Experiences

Greeting,

Our records show you have selected Edinburg Consolidated Independent School District (CISD) as your district of choice. Edinburg CSD requires that you complete a criminal background check (CBC). To complete your CBC with Edinburg CISD, please complete the items listed below and submit all documents via email to Teresa Jaramillo at maria.jaramillo@utrgv.edu.

1. Edinburg CBC Forms, Pre-employment Affidavit, Technology Resources Agreement (attached) 6 pages.
2. Submit a copy of Texas Driver's License or Texas I.D. ****Fingerprints NOT required!****

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

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

We look forward to your participation.

Thank you

Office of Field Experiences

Education Campus

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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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: _____	
Empl ____	Vol/Contractor ____ initial
Date Printed: _____	initial
Destroyed Date: _____	initial
Retain in your files	

Pre-Employment Affidavit for Applicant Offered Employment

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), 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:

Affidavit of Applicant Offered Employment

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit.

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 Hidalgo County, State of Texas, on the _____ day of _____, _____.
County Date Month Year

(Signature of Declarant)

AGREEMENT FOR ACCEPTABLE USE OF ECISD'S ELECTRONIC
COMMUNICATIONS SYSTEM BY A NONSCHOOL USER

You are being given access to the Edinburg Consolidated Independent School District's electronic communications system. Through this system, you will be able to communicate with other schools, colleges, organizations, and people around the world through the Internet and other electronic information systems/networks. You will have access to hundreds of databases, libraries, and computer services all over the world.

With this opportunity comes responsibility. It is important that you read the District policy, administrative regulations, and agreement form and ask questions if you need help in understanding them. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is a network of many types of communication and information networks. It is possible that you may run across some material you might find objectionable. While the District will take reasonable steps to restrict access to such material, it is not possible to absolutely prevent such access. It will be your responsibility to follow the rules for appropriate use.

Rules for Appropriate Use:

1. You may be assigned an individual account. You are responsible for not sharing the password for that account with others.
2. You will be held responsible at all times for the proper use of your account, and the District may suspend or revoke your access if you violate the rules.
3. Remember that people who receive e-mail from you with a school address might think your message represents the school's point of view.

Inappropriate Use:

1. Using the system for any illegal purpose;
2. Borrowing someone's account without permission;
3. Downloading or using copyrighted information without permission from the copyright holder;
4. Posting messages or accessing materials that are abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal;
5. Wasting school resources through the improper use of the computer system; and
6. Gaining unauthorized access to restricted information or resources.

Consequences for inappropriate Use:

1. Suspension of access to the system;
2. Revocation of the computer system account; or
3. Other disciplinary or legal action, in accordance with District policy and applicable laws.

I understand that my computer use is not private and that the District will monitor my activity on the computer system.

I have read the District's electronic communications system policy and administrative regulations and agree to abide by their provisions. In consideration for the privilege of using the District's electronic communications system and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the system, including, without limitation, the type of damages identified in the District's policy and administrative regulations.

User's name (*print*): _____

Signature: _____

Home address: _____

Date: _____ Phone number: _____

Supervisor's name (If applicable) (*print*): _____

Signature: _____



EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
Employee TB Questionnaire

Name of Employee _____ Last 4 SS# _____ DOB _____

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 the child.

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.

Place a mark in the appropriate box:	Yes	No	N/A
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: <ul style="list-style-type: none">• have you been around anyone with any of these symptoms or problems? or have you had any of these symptoms or problems?• have you been around anyone sick with TB?			
Are you a recent immigrant to the United States (within the past 2 years) from Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
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?			
Since your last TB test, have you traveled (within the past year) to Mexico or any other Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so which country/countries?			
Have you ever tested positive on a TB Skin Test? If yes, specify the date _____			
If you tested positive on a TB skin test, do you have a documented negative chest x-ray?			

Signature

Date