

Weslaco ISD Criminal Background Check Packet

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

Greetings,

Our records indicate you have selected Weslaco ISD as your district of choice. Weslaco ISD requires all students to complete a criminal background check prior to being allowed onto their campuses. To complete your CBC with Weslaco ISD, please submit the items listed below to Ms. Marisa Garza at the Weslaco ISD Human Resources via-email at magarza@wisd.us.

- TXDL / ID
- HR Letter (attached)
- Instructions cover sheet provided by WISD

For any questions regarding the CBC, please contact Ms. Marisa Garza at (956) 969-6991

The failure to submit the background check or Fingerprints may result in a delay in your placement.

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

We look forward to your participation.

Thank you,

Office of Field Experiences

Edinburg Campus
Education Complex 2.202
(956) 665-5910

Brownsville Campus
BMAIN 2.200M
(956)882-4139

Support: ofe@utrgv.edu



Brownsville • Edinburg • Harlingen • McAllen
Rio Grande City • South Padre Island • utrgv.edu





WESLACO INDEPENDENT SCHOOL
DISTRICT
Human Resources Department
319 West 4th Street | P.O. Box 266
Weslaco, TX 78599

Telephone: (956) 969-6619
6940

Fax: (956) 969-



Dr. Richard Rivera
Superintendent of
Schools

WISD Background Check

I. Criminal Background Check

Via EMAIL: **magarza@wisd.us**

Contact: Marisa Garza

Address: Weslaco ISD Administration Office
Human Resources Department
319 W. 4th Street, Weslaco, TX
Phone: 956-969-6991

*** The forms have textable fields so no need or you to print just type on the blue areas of the form, save, and submit via email along with the following documents listed below.**

You will need to submit the following items at the time of submitting your background check forms.

- 1. Texas Driver's License or Texas I.D**
- 2. Current T.B. Test**

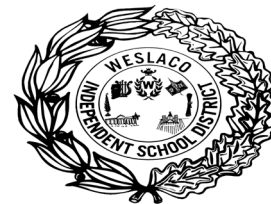
II. Clearance Letter & I.D. Badge-

Upon Clearance from the Human Resources Dept. you will be called to pick up your clearance memos and an I.D. badge. You will be required to show the memos to the Campus Secretary and must wear I.D. badge at all times on campus.



WESLACO INDEPENDENT SCHOOL DISTRICT
Human Resources Department
319 West 4th Street | P.O. Box 266
Weslaco, TX 78599

Telephone: (956) 969-6619 Fax: (956) 969-6940



Dr. Richard Rivera,
Superintendent of Schools

INTERN
PERSONAL IDENTIFICATION DATA FORM

GENERAL INFORMATION

DRIVER LICENSE / ID NUMBER

STATE ISSUED

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

MAILING ADDRESS

PO BOX

APT. NO.

CITY

STATE

ZIP CODE

PHONE 1

PHONE 2

HIGH SCHOOL ATTENDED: _____

YEAR OF GRADUATION: _____

COLLEGE ATTENDED: _____

ACP ENROLLED IN: _____
NAME OF ALTERNATIVE CERTIFIED PROGRAM

EMAIL ADDRESS: _____
(PLEASE PRINT)

NOTE: Fingerprints are not required for Interns

FOR OFFICE USE ONLY:

NAME OF SCHOOL / DEPARTMENT WHERE ASSIGNED: _____

TO BE SUPERVISED BY: _____

DPS Results ☐ CLEAR ☐ RECORD

Date Completed _____ Completed by (Initials) _____

Revised April 2023

The Weslaco Independent School District is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.



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Dr. Richard Rivera,
Superintendent of Schools

CRIMINAL HISTORY RECORD INFORMATION REQUEST

CONFIDENTIAL*

The WESLACO INDEPENDENT SCHOOL DISTRICT is authorized by state law (Texas Education Code Chapter 22, Subchapter C) to review the criminal history of student interns and independent contractors. To comply with this law, you are required to complete this form and return it with your Personal Identification Data Form to the Human Resources Office.

**This information will be used for the purpose of complying with
Texas Education Code Chapter 22, Subchapter C**

PLEASE PRINT

NAME (As it appears on Driver's License or ID --- **NO NICKNAMES!**)

LAST FIRST MIDDLE

DRIVER LICENSE / ID NUMBER STATE ISSUED DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE

NOTE: This form will be filed separately in the Human Resources office.

FOR OFFICE USE ONLY:

DPS Results ☐ CLEAR ☐ RECORD

Fingerprinted ☐ YES ☐ NO

Requested by (Initials) _____ Completed by (Initials) _____

Date Completed _____

Date Fingerprinted _____

Subscribed to DPS SID _____

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/Review%20of%20Personal%20Criminal%20History) 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.

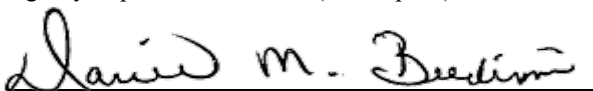
(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Weslaco Independent School District
Agency Name (Please print)

Daniel M. Budimir
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: Name Based Inquiry

Empl _____ Vol/Contractor _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files