



**DeSoto Independent
School District**

Alton L. Frailey
Superintendent of Schools

Human Resources
Lawrence Davis, Director
200 East Belt Line Road
DeSoto, Texas 75115
972-223-6666 Fax 972-274-8068

**CONSENT TO PERFORM CRIMINAL HISTORY
BACKGROUND CHECK AND ADVISING OF RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

I, _____, am an applicant for employment with the Desoto Independent School District. I have been advised that as a part of the application process, the district conducts a criminal history background check.

I, _____, do hereby consent to the district use of any information provided during the application process in performing the criminal history background check.

I have been informed by the district that I have the right to review and challenge any negative information that would adversely impact the district's decision to offer employment. I have also been advised that the district will give me a reasonable opportunity to clear up any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the district.

The district has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of all information and the source.

I represent that the statements made and information provided herein are both accurate and complete; that I have neither misrepresented my background and credentials, nor failed to be completely forthright with respect thereto; and, I understand that any such failure on my part may be grounds for discipline or dismissal, regardless of when such misrepresentation or omission is discovered.

Signed this _____ day of _____, 200__.

Applicant

Lawrence Davis, Director of Human Resources

PLEASE COMPLETE THE BACK PAGE

**Texas Safe Schools Project
Criminal History**

Last Name: _____

**Maiden and/or
Other Names Used:** _____

First Name: _____

Middle Name or Initial: _____

Suffix: _____

Date of Birth: _____

Social Security No.: _____

Mother's Maiden Name: _____

Sex: Male ___ Female ___ Ethnicity: Black ___ White ___ Other _____
(Please Specify)

Driver's License No.: _____

State of Issue: _____

The following as shown on Driver's License (if applicable):

Height: _____

Weight: ___ N/A ___

Hair Color: ___ N/A ___

Eye Color: _____