



**Dr. Richard Skuza**  
Deputy Superintendent

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**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

By submitting this consent to Ennis Independent School District, the district may conduct a criminal history background check. I do hereby CONSENT to the district's use of any information provided during the application process in performing the criminal history check.

Name: \_\_\_\_\_  
Last First Middle

Maiden and/or Other Names Used \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

Driver License # \_\_\_\_\_ Issuing State \_\_\_\_\_

The following are my responses to questions about my criminal record history (if any) with description to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal office? (Excluding minor traffic violations)

YES  NO

If YES, please provide an explanation below:

2. Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

YES  NO

If YES, please provide an explanation below:

3. Have you ever-received probation or community supervision for any federal, state or municipal criminal offense?

YES  NO

If YES, please provide an explanation below:

*I hereby certify that the information is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit your completed form by E-mail to: [kris.farmer@ennis.k12.tx.us](mailto:kris.farmer@ennis.k12.tx.us)