



Sam Houston State University

Member The Texas State University System

Human Resources Department

HOURLY STUDENT APPLICATION FOR CRIMINAL BACKGROUND CHECK For Hiring Department Use Only

Instructions:

- 1) A criminal background check is required for all student employees prior to hire per [Human Resources Policy ER-9, Criminal Background Checks](#)
- 2) The student must complete the attached DPS Computerized Criminal History (CCH) Verification form. (Print name on top of the form and sign and date).
- 3) **Hiring Department Contact:** If you are hiring a current student employee into a new position, please contact Human Resources at 936-294-1069 to see if the new position requires the current student employee to complete a criminal background check for the new position.
- 4) The Hiring Department will submit the completed Application for Student Criminal Background Check and the DPS Computerized Criminal History (CCH) Verification together to the Human Resources Department by one of the following methods:
 - E-Mail requests to hrscan@shsu.edu,
 - Fax to 936.294.3611 or
 - Mail to: Human Resources Department, Box 2356
John W. Thomason Building,
1831 University Avenue, Suite 202
Huntsville, TX 77341-2356
- 5) **Students must not begin working** until the Hiring Department Contact Person named below has received clearance from the Human Resources office.
- 6) If you have questions, please call 936-294-1069 for assistance.

Name of the Hiring Department requesting DPS background check: _____

Hiring Department Contact Person: _____

The Hiring Department Contact Person named above will receive clearance information from Human Resources.

Date Requested: _____	Student SAM ID #: _____	Student Date of Birth: ____/____/____
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FOP: _____

Copy of front side of driver's license

Student's Legal Name: _____

The student's legal name above should match the name on the front side of their driver's license as pictured above.

Please provide other names used by the student listed above: _____

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/CrimeRecords/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	