

PRE-SCREEN APPLICATION

Name: _____

Date: _____

Social Security Number: _____

Phone #: _____

Address: _____

Another: _____

Email Address: _____

CIRCLE YOUR RESPONSE

Do you have:

A High School Diploma/GED? YES NO

A Criminal History? YES NO

If yes, what was the offense? _____

A record of being arrested? YES NO

If yes, what was the reason? _____

A history of drug use? YES NO

Are you able to be paid every 15th and 30th
of the month? YES NO

Are you able to work 24 hour shifts if needed? YES NO

Have you ever filed for Workman's Comp? YES NO

Do you have a history of mental illness? YES NO

Do you have any physical limitations? YES NO

If yes, have you been released from doctor's care? YES NO

Briefly explain your situation concerning mental illness.

Can you provide documentation of the release? YES NO

Do you have reliable transportation? YES NO

Who referred you to us? _____

What job position(s) would you be interested in applying for? _____

EMPLOYMENT HISTORY

Please provide your employment history:

	Employer's Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I certify the above is accurate and true.

Signature

Date

DPS Computerized Criminal History (CCH) Verification

(Agency Copy)

I, _____, have been notified that a computerized criminal history
APPLICANT/EMPLOYEE NAME (print)

(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and D.O.B information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete his process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of both my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Agency Name (Print)

Agency Representative Name (Print)

Signature of Agency Representative

Date

<u>FOR OFFICE USE ONLY</u>			
Check and initial each applicable space			
CCH Report Printed:			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/> _____initial
Purpose of CCH: _____			
Hire	<input type="checkbox"/>	Not Hired	<input type="checkbox"/> _____initial
Date Printed:	_____		_____initial
Destroyed Date:	_____		_____initial
Retain in your files			