

Instructions

Volunteer/Intern,

You will need to print the following form and complete it. No digital signature is allowed at this time. Please complete the form in ink. You will return to the form to Human Resources. You can return the form in one of the following ways:

1. Fax the completed signed form to 817-459-6870. Attention Elicia Vernon.
2. Scan and E-mail the completed signed form to Shawna.Lemley@arlingtontx.gov.
3. Take a picture of the completed signed form and email to the address above.
4. Mail the completed signed form to:

City of Arlington
Attention Human Resources
PO BOX 90231
Arlington, TX 76004-3231

5. Or drop it off in person at:

City of Arlington Human Resources Office
101 South Mesquite Street, Suite 790
Arlington, TX 76010

For any questions please contact 817-459-6869

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Thank you for your interest in volunteering or interning with the City of Arlington!

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

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	