

CRIMINAL RECORD SEARCH REQUEST FORM
THE CHRISTIAN SCHOOL AT CASTLE HILLS - PH. 210-377-8449 FAX 210-377-8473
[TO BE COMPLETED IN BLACK INK ONLY]

I, _____ Employee or Volunteer, do hereby authorize The Christian School at Castle Hills to perform current and subsequent background investigations pertaining to my criminal background and social security verification. I do hereby authorize the release of any information which pertains to any record of convictions or criminal activity concerning me whether local, state or national. I hereby release any organization from any and all liability resulting in such disclosure.

Signature: _____

Date: _____

Print Name

Print Maiden Name, if applicable

Print other names used

Complete address history for the last 7 years:

Address City State Zip

Birth date

Birthplace: City State County

Social Security Number

Driver's License Number and State

CRIMINAL HISTORY (This information will be verified)

Have you ever been convicted of a crime? _____No _____Yes
Have you ever entered a plea of guilty to a crime? _____No _____Yes
Have you ever pleaded "no contest" to a crime? _____No _____Yes
Have you ever been placed on deferred adjudication? _____No _____Yes

If yes, please explain:

DATE CHARGE CITY/STATE FINAL DISPOSITION

For Office Use Only:

This individual is clear of criminal records _____ Date: ___ / ___ / ___
Signature

This individual is not clear of criminal records _____ Date: ___ / ___ / ___
Signature