

INDIVIDUAL'S IDENTIFYING INFORMATION

| | | | | | |
|---|--|--|---|-------------------------------------|---|
| First Name: | | Middle Name: | | Last Name: | |
| List any other name combinations the individual uses or has used in the past, including married and maiden names below. If you do not provide every name that the individual has used, you may receive inaccurate results:: | | | | | |
| Other First Names: | | Other Middle Names: | | Other Last Names: | |
| Street Address: | | City: | | State: | Zip Code: |
| County: | | Telephone Number: () - <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Cell | | Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Do you have a Social Security Number: | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If the person has been issued a social security number, (SSN), it must be provided to ensure the background check result is valid: Please list the SSN below: | | | If this person does not have a Social Security Number, you must enter one of the following valid alternate number types: Alternative ID Type: <input type="checkbox"/> Driver License: Number: _____ State: <input type="checkbox"/> State ID: Number: _____ State: <input type="checkbox"/> Permanent Residency Card Number: <input type="checkbox"/> Passport Number: _____ Country <input type="checkbox"/> Canadian SIN Number: <input type="checkbox"/> Military ID Number: | | |
| Has this person lived outside of Texas in the last 5 Years: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Birth City: Birth State: | |

INDIVIDUAL'S IDENTIFYING INFORMATION

Enter the previous physical address(es) for the past 5 years for the background check subject in the space provided:

Ethnicity (must accompany race):

- Hispanic
 Non-Hispanic

Race:

- White
 Black
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/ Pacific Islander

Will this person ever drive DFPS clients?

- Yes No

If yes, their driver license number and state of issuance must be submitted.

Photo ID Type:

- Driver License: Number: State:
 State ID: Number: State

Initial Check

24 Month Check

Fingerprint Check Required

Person has previously completed an FBI fingerprint-based check through DFPS or TEA

In addition to obtaining a DPS name-based criminal history check, fingerprint-based criminal history checks are required for any PCS contractor and individuals on their staff who, at the time of his or her initial background check request:

- currently lives or has lived outside of Texas within the past five years; or
- currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.

If the individual requires a fingerprint-based criminal history check, you must select one of the following choices and provide either an email address or phone number for the person. This information will be required when the person schedules a fingerprint appointment.

Preferred method of contact for scheduling fingerprint appointment:

- Email:
 Telephone Number: () -

Relationship of person to contractor:

- Contractor
 Staff
 Volunteer
 Applicant for employment
 Applicant to Volunteer
 Other (describe):

Date Hired:

Role/Job Duty: