



## REQUEST FOR CRIMINAL HISTORY AND DFPS HISTORY CHECK FOR SERVICES PROVIDED BY CONTRACTORS AND GRANTEES

**Purpose:** Use this form to submit background checks on employees, subcontractors, and volunteers for the contractor or grantee who provide services to populations served by DFPS or require direct access to or direct contact with DFPS clients, participants, or resources.

**Directions:** The contractor, grantee, owner, operator, or authorized representative completes the following sections on the form:

- Contractor or Grantee Information
- Verification Signature
- Background Check Subject Information (This section provides identifying information for the person required to have the background check.)

**Note:** If more space is needed for additional, required information, the contractor, grantee, owner, operator, or authorized representative may staple a separate sheet of paper with the information to this form.

CONTRACTOR OR GRANTEE INFORMATION		
Name:	Contract Number:	Telephone Number: (   )
Physical Address:	Mailing Address:	County:

VERIFICATION SIGNATURE		
<input type="checkbox"/> <b>By reviewing the person's Social Security card or driver license</b> , I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge.		
<input type="checkbox"/> I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract.		
Printed name of contractor, grantee, owner, operator, or authorized representative:	Signature of contractor, grantee, owner, operator, or authorized representative:  X	Date signed:

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at <a href="#">DFPS Privacy and Security Policy</a> .



**BACKGROUND CHECK SUBJECT INFORMATION**

**Please enter N/A for items that are not applicable.**

First Name:		Middle Name: <input type="checkbox"/> No Middle Name	Last Name:		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last <input type="checkbox"/> No Other Names <b>Not providing all names previously used by the individual may result in inaccurate results being received.</b>					
Other First Names:		Other Middle Names:	Other Last Names:		
Home Address:		City:	State:	Zip Code:	
County of Residence:	Telephone Number: ( )	<input type="checkbox"/> Residence <input type="checkbox"/> Cell <input type="checkbox"/> Business	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Does the subject have a Social Security number (SSN)?    Yes    No					
If the subject has an SSN, it must be provided to ensure the background check result is valid: Please list the SSN here:					
If this subject does not have an SSN, enter one of the following alternate number types:					
<input type="checkbox"/> Driver License: Number:                      State:	<input type="checkbox"/> State ID: Number:                      State:	<input type="checkbox"/> Canadian SIN Number:			
<input type="checkbox"/> Passport Number:                      Country	<input type="checkbox"/> Permanent Residency Card Number:	<input type="checkbox"/> Military ID Number:			
Has this person lived outside of Texas in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			Birth City: Birth State:		
Enter all previous physical addresses for the background check subject in the space provided:					
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian			
Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, enter his or her driver license number and state of issuance. Number:                      State:		
In addition to a Texas Department of Public Safety (DPS) name-based criminal history check, fingerprint-based criminal history checks are required for any contractor, subcontractor, grantee, or volunteer for the contractor or grantee who provides services to populations served by DFPS or requires direct access to or direct contact with DFPS clients, participants, or resources who fit one of the following descriptions:					
<ul style="list-style-type: none"> <li>• Currently lives or has lived outside of Texas within the past five years.</li> <li>• Currently lives or has lived outside of Texas in the 24 months since his or her last fingerprint-based criminal history check was completed.</li> </ul>					
If the individual requires a fingerprint-based criminal history check, provide an email address for the person. Email:					



**BACKGROUND CHECK SUBJECT INFORMATION**

<input type="checkbox"/> Initial Check	<input type="checkbox"/> Fingerprint Check Required		
<input type="checkbox"/> 24-Month Check	<input type="checkbox"/> Person previously completed an FBI fingerprint-based check through DFPS.		
Relationship of subject to contractor (select all that apply):		Date Hired:	Role or Job Duty:
<input type="checkbox"/> Contractor	<input type="checkbox"/> Applicant for employment		
<input type="checkbox"/> Staff	<input type="checkbox"/> Applicant for volunteerism		
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other (describe):		