

**ANTON INDEPENDENT SCHOOL DISTRICT  
CRIMINAL HISTORY CHECK**

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Last Name First Name Middle Name or Initial

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Maiden or other name(s) used in any and all other records of birth or records of residence.

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\* Address Apartment or #

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City County State Zip Home Phone Number

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\*\* Date of Birth Social Security number \*\* Gender \*\* Race

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Driver's License # DL State DL Expiration Date

**\* AS SHOWN ON THE ORIGINAL APPLICATION**  
**\*\* TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE.**

I, \_\_\_\_\_ am an applicant for employment/volunteerism with Anton ISD and understand that as a part of the application process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check.

(Circle One)  
Employee/Applicant      Substitute Personnel      Parent Volunteer      Individual Volunteer      Other \_\_\_\_\_

The following are my responses to questions about my criminal history (if any).

1. \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).  
If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Details of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below:

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Details of offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ YES \_\_\_\_\_ NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

Details of supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_YES \_\_\_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

County: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction: \_\_\_\_\_

5. \_\_\_\_\_YES \_\_\_\_\_NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges: \_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENT SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**EFFECTIVE 1/1/2008 ALL PERSONNEL EMPLOYEED WILL BE REQUIRED TO SUBMIT TO FINGERPRINTING REQUIREMENTS BASED ON SB 9.**

**ALL FEES ASSOCIATED WITH THIS PROCESS WILL BE THE RESPONSIBILITY OF THE APPLICANT UNLESS THE DISTRICT HAS AGREED IN ADVANCE TO BE RESPONSIBLE FOR THIS FEE.**