

# Blanco County South Library District

*James A. and Evelyn Williams Memorial Library*

1118 Main Street

Blanco, Texas 78606

TELEPHONE (830) 833-4280

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## Background Check Authorization Form

By signing below I authorize the Blanco County South Library District (BCSLD) to investigate my qualifications, references, and computerized criminal history (CCH) for purposes of evaluating whether I am qualified for the position for which I am applying. The BCSLD is allowed by state law to obtain criminal history information on applicants who intend to volunteer, as well as anyone currently volunteering at the BCSLD (Texas Government Code 411.1401). The CCH may be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is *not* allowed to discuss with me any CHRI obtained using this method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the search.

If I am required to complete the fingerprint process, I will make an appointment with the Fingerprint Applicant Services of Texas (FAST) by calling the DPS Program Vendor at 1-888-467-2080, or by going online to [http://www.dps.texas.gov/administration/crime\\_records/pages/applicantfingerprintservices.htm](http://www.dps.texas.gov/administration/crime_records/pages/applicantfingerprintservices.htm), submit a full and complete set of fingerprints, request a copy sent to the agency listed above, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed, the information on my fingerprint criminal history record may be discussed with them.

I hereby release the BCSLD and the firm(s) they use from all liability for any claim or damage resulting from such research. Results are confidential and will be seen only by the Director, but may be shared with the Library Board, if necessary. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

List all names that you have used during the last 7 years (including married, maiden, and aliases): Please Print

Name (First, Middle, Last): \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Maiden or Other Name (First, Middle, Last): \_\_\_\_\_

Driver's license or State ID number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

**Reverse Side for Office Use Only**

**Office Use Only**

CCH Report Printed: Yes  No  Initial: \_\_\_\_\_

Date Printed: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_

Date Destroyed: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_