

Request for Criminal History and Central Registry Check

(Each household member and/or frequent home visitor over age 14 must complete form.)

First Name		Middle Name	Last Name	
Street Address		City	State	Zip
County	Telephone No.		Date of Birth	Sex: M or F
Social Security Number		Drivers License or State Issued Identification Number	State	ID Type (DL or ID Card)
List all other cities in Texas where you have lived or any other state in the past 5 years:			Relationship of person to requestor:	
			<input type="checkbox"/> Staff <input type="checkbox"/> Caregiver for Foster Family: _____ <input type="checkbox"/> Foster Parent <input type="checkbox"/> Director <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Household Member: : _____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
Date Hired/Used by the Operation/Agency		Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Other Names Uses (<i>married, maiden, etc.</i>):				
First Name		Middle Name	Last Name	

I hereby declare the information I have provided above to be true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of the fact(s) stated above would be cause for termination. By signing this form, I authorize Eckerd, to request an initial Criminal History and Central Registry Check. I give my permission to have my background checked every two years or as required by Eckerd and DFPS Minimum Standards.

Signature of Applicant

Date