



NON-DFPS STAFF BACKGROUND CHECK REQUEST FORM

Purpose: People who are not employed by DFPS, but who have a business need for access to DFPS resources and clients, must complete this form. It authorizes DFPS to conduct the following types of background checks:

- DFPS abuse and neglect check.
- Texas Department of Public Safety criminal history check.
- Federal Bureau of Investigation (FBI) criminal history check, if applicable.

Directions: The non-DFPS user obtains this form from a DFPS sponsor, completes it, and returns it to the DFPS sponsor. The DFPS sponsor completes the following sections:

- Section 1: DFPS Sponsor Information.
- Section 2: DFPS Sponsor Verification Signature.

The subject of the background check completes the following sections:

- Section 3: Subject of the Background Check.
- Section 4: Previous Places of Residence.
- Section 5: Fingerprint Check. This section is completed only if any of the questions in Section 1 or Section 4 are answered "Yes".
- Section 7: Signature.

The DFPS sponsor does the following:

- Makes sure the vendor has verified the accuracy of the personal information provided by the subject of the background check and signs Section 2: DFPS Sponsor Verification Signature.
- See [3210 DFPS Sponsor Responsibilities](#) of the Background Checks Handbook.
- Makes sure Sections 3 and 4 are complete, the subject lists an email address or phone number in Section 5 (if applicable), and signs and dates Section 7.
- Uploads the form as an attachment when the eMAC is submitted.

If the DFPS sponsor has questions, he or she contacts DFPS Background Checks at ExtACCBGC@dfps.texas.gov.

| SECTION 1: DFPS SPONSOR INFORMATION | |
|---|---------------|
| DFPS sponsor name: | Phone number: |
| Will the subject of this background check have access to a DFPS computer? <input type="checkbox"/> Yes (If yes, complete Section 5) <input type="checkbox"/> No | |
| Will the subject of this background check have access to IMPACT? <input type="checkbox"/> Yes (If yes, complete Section 5) <input type="checkbox"/> No | |
| Will the subject of this background check have access to criminal history information? <input type="checkbox"/> Yes (If yes, complete Section 5) <input type="checkbox"/> No | |

| SECTION 2: DFPS SPONSOR VERIFICATION SIGNATURE | | |
|--|--|--------------|
| I have confirmed that the vendor verified the accuracy of the personal information for the subject listed in Section 3: Subject of the Background Check. | | |
| Printed name of DFPS sponsor: | Signature of DFPS sponsor: X | Date signed: |



SECTION 4: PREVIOUS PLACES OF RESIDENCE

Have you lived outside Texas in the past two years?

Yes (If yes, complete Section 5.) No

List the complete addresses of other places you have lived and the dates (month and year) you lived there. Include information for a minimum of the past two (2) years. Continue on the back if needed.

| | | |
|---|-----------------|---------------|
| Full address (include city, state, and ZIP code): | From (MM/YYYY): | To (MM/YYYY): |
| Full address (include city, state, and ZIP code): | From (MM/YYYY): | To (MM/YYYY): |
| Full address (include city, state, and ZIP code): | From (MM/YYYY): | To (MM/YYYY): |
| Full address (include city, state, and ZIP code): | From (MM/YYYY): | To (MM/YYYY): |

SECTION 5: FINGERPRINT CHECK

If any of the questions in Section 1 are answered "Yes" or you have lived outside Texas in the past two years (see Section 4), an FBI fingerprint check is required. Provide either your email address or phone number.

Note: If you provide an email address, you will receive electronic instructions for scheduling your fingerprinting appointment. If you do not provide an email address, you must contact ExtACCBGC@dfps.texas.gov to get the required information.

Preferred method of contact for scheduling fingerprint appointment:

Email:

Phone number:

SECTION 6: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).



SECTION 7: SIGNATURE

- I understand that I am requesting access to DFPS clients and resources and this access requires criminal history and DFPS abuse and neglect background checks. I authorize DFPS to complete these background checks.
- I understand that background checks are conducted annually for non-DFPS Staff. I authorize DFPS to conduct a criminal history and DFPS abuse and neglect check each year that I have access to DFPS clients and resources.
- I understand that I have the right to contest the information found in my criminal background checks.
- I understand that signing this Electronic Signature Acknowledgement form is equivalent to my handwritten signature and legally binding. When I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I acknowledge and warrant the truthfulness of the information provided in this document.
- By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature:

X

Date signed: