



Intern Request Form

Human Resources Department
 2400 San Bernardo Ave., Laredo, TX 78040
 (956) 273-1000/273-1013, humanresources@laredoisd.org

If you would like to conduct observation hours, student teaching, or internship at LISD, please complete and submit the following documents to the Human Resources Department. For employees, submit the request form and university support documents only.

1. Intern Request Form
2. LISD Criminal History Record Information Form
3. DPS CCH Verification Form (you do not need to get fingerprinted for internships/observations)
4. Pre-Employment Affidavit
5. TB Test results dated within one year of date requested (you may attach your physician's form)
6. College, University or ACP supportive documents

If your request is approved, you will be issued an *Intern Agreement* and an overview of district policies/ procedures.

First /Last Name (please print):	Address, City, State, Zip Code:	
Date of Birth (required):	Email Address:	
Driver's License /ID#:	Telephone:	
Name of University/ACP /Other Program:		
Please indicate the purpose of the request - Observation/ Student Teaching/ Internship	Location requested:	Schedule of days:
Semester/year:	Hours:	
Program Supervisor's Name and Telephone:		
Applicant's Signature and Date:		

HR Office use only: Approved ___ Not approved ___ Initial & Date: _____ Comments:
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Laredo Independent School District
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Employee Health Screen Form

The Employee Health Screen Form must be completed by new employees/previous employees/substitutes/interns/student teachers and tutors.

- All blanks must be properly completed.
The physicians signing this form must be legally licensed to practice Medicine in the State of Texas.
This form and applicable documentation must be submitted to the Human Resources Dept. prior to the beginning of employment/internship.

Please print legibly

Name: (first/middle/last name) D.O.B.: (month/day/year)

Last 4 digits of Social Security #:

School/Department: Position:

Telephone #: Hire Date:

Please select one of the options below:

Tuberculin Test (TB) within the last 12 months
Date of test:
Results of PPD: mm Results of IGRA test: Positive Negative Indeterminate/Invalid
Health Care Provider:
Address/Telephone:
Health Care Provider
Signature/Stamp:

Note: If the results of the tuberculin test are positive a chest x-ray is required.

Chest X-Rays
Date of test:
Results:
Health Care Provider:
Addresses/Telephone:
Health Care Provider
Signature/Stamp:

If a TB test or Chest X-rays are not allowed, a Physician Statement is required:
Date of examination: Upon physical examination, it was found that this patient is:
Check One: Free of active tuberculosis Has active tuberculosis
Health Care Provider:
Address/Telephone:
Health Care Provider
Signature/Stamp:

LISD Human Resources Administrator's Signature/Date:



Human Resources Department

2400 San Bernardo Ave. Laredo, Texas 78040 (956) 273-1000, Fax (956) 273-1035

CRIMINAL HISTORY INFORMATION AUTOHRIZATION FORM

The Laredo Independent School District is required by the Texas Education Code to review the criminal history of applicants, volunteers, student teachers, and interns. The information requested is necessary to obtain the criminal history.

I authorize the Laredo Independent School District to conduct the criminal background check and to obtain any information pertaining to any criminal history record maintained by any law enforcement agency for the purpose of evaluating my application and determining my eligibility for employment, volunteering, internship, and student teaching. I agree to release the LISD of liability and indemnify the district against any liability which may result from making such requests.

<i>Please print</i>			
Legal name: _____		Date of Birth: _____	
Address: _____		City: _____	State: _____
Zip Code: _____			
Telephone Number: _____			
Valid Driver's License or State ID # _____		State Issued: _____	
Gender: Male Female			

Please answer the following questions:

Yes **No 1.** Have you ever been convicted of, plead guilty or no contest to (nolo Contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? If yes, submit the appropriate information.

Yes **No 2.** Have you ever been convicted charged with, been convicted of, received deferred adjudication (probation), pled guilty or nolo contendere for an offense or capital murder, attempted murder, murder, voluntary manslaughter, involuntary manslaughter, indecency with a child, injury to a child or elderly or disabled individual, kidnapping, deadly weapon used or exhibited or for any felony related to the manufacture, delivery, or possession of marijuana, a controlled substance, or dangerous drug? "Conviction" shall include probation or deferred adjudication (probation), a finding of guilt or acceptance by the court of a plea of guilty, or nolo contendere review each application according to the criteria set forth in the district's policy.

Yes **No 3.** Have you ever been arrested? The district will consider the nature and date of the offense.

I affirm to the best of my knowledge that all the information I have provided is accurate, true, and correct.

Signature

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Laredo ISD

Agency Name (Please print)

Diana R. Martinez

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last) _____
Date of Birth

Address (Street, City, State, Zip Code) _____
County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.