



Wylie ISD After School Enrichment Program Agreement
After School Program Name: _____

Program Employee Information:

First Name: _____ Last Name: _____

SSN: _____ Date of Birth: _____

Program Employee Driver's License Number: _____ State: _____

Gender: _____ Ethnicity: _____

Program employee has already completed the fingerprinting procedure and the information is included in the TEA database. ____YES ____NO

**Wylie ISD After School Program Employee
Criminal History Check /Fingerprinting – Criminal History Report**

I understand that the information I am providing for the program employees' age, gender, and ethnicity/race will not be used to determine eligibility for employment, but will be used *solely* for the purpose of obtaining criminal history record information. I hereby certify that all information provided is complete and accurate.

As a condition of agreement with the Wylie Independent School District, I agree to submit to a fingerprint criminal history check as required by the Texas Education Code. I also agree to abide by the timeline as scheduled and to meet all requirements in order to complete the fingerprinting process in a timely manner.

I understand that I or my program is required to pay the fee for the fingerprinting. The program employee may not participate in the Wylie ISD After School Program if the FBI results indicate that I have an unsuitable record.

My signature in the designated space below serves as verification that I have read this agreement regarding fingerprinting procedures and concur with the terms and conditions as outlined.

Program Employee Printed Name

Program Employee Date of Birth

Program Employee Signature

Date of Signature