

CONTRACTOR FINGERPRINTING INFORMATION PACKET

This packet contains the documents required for contractors/vendors to provide services at any NEISD location. If provided services require you to work with or be in close proximity to students, it is mandatory that you complete the fingerprinting process **prior to beginning work for the District**.

- ❖ Using NEISD's Local Education Entities (LEE) Service Code Form (attached), schedule fingerprinting appointments for yourself and/or each of your employees who will work with or in close proximity to students.
- ❖ **After you and/or your employees have been fingerprinted, it is mandatory that you provide a completed CONTRACTOR/CONSULTANT AFFIDAVIT (submit one for each employee) to the campus or department you have a contract with.**



IdentoGO

By MorphoTrust USA

Texas Fingerprint Service Code Form

Local Education Entities - North East ISD

Service Name: Local Education Entities - North East ISD

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11FJ5N

When prompted, please provide or enter the following Agency Number

TX920990Z

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080



OFFICE OF THE EXECUTIVE
DIRECTOR OF HUMAN
RESOURCES

North East Independent School District

8961 Tesoro Drive – San Antonio, TX 78217

Phone (210)407-0471 Fax (210)804-7039

www.neisd.net

CONTRACTOR/CONSULTANT AFFIDAVIT

TO BE COMPLETED BY INDEPENDENT CONTRACTOR/CONTRACTOR:

a) Legal name of **business under contract**: _____

Company representative: _____

Mailing address: _____
(Include city, state, and zip code)

Business phone: (____)____-____ Email: _____

Effective Date of Contract: _____ End Date: _____

b) Complete this section for each independent contractor/contractor employee. You may attach a page with additional employees as needed.

Legal name of **individual providing services** : _____

Birthdate: Month _____ / Day _____ / Year _____

Driver's License Number: _____ State Issued: _____

Business phone for individual: _____

Cell phone for individual: _____ Email: _____

FOR NEISD OFFICIAL USE ONLY. TO BE COMPLETED BY NEISD ADMINISTRATOR:

c) Will the independent contractor/contractor work in close proximity to students?

If, **YES**, continue to section d). If **NO** does not need to be fingerprinted. Confirm and sign below.

d) Will the independent contractor/contractor be with an NEISD employee at all times?

Yes ____ No ____

HR ONLY

____ DOES NOT NEED TO BE
FINGERPRINTED
____ CLEARED FP
____ NOT CLEARED FP

HR ADMINISTRATOR

If **NO**, the individual must be fingerprinted, confirm that contractor has completed section b) and sign below.

If **YES**, fingerprinting is **not required**. Confirm and sign below.

Campus/Dept: _____ Title: _____ Date: _____

Dept. Dir/Principal Name (Print): _____ Signature: _____

NEISD Administrator: _____

Please notify Human Resources when the contractor has completed their service with the district in order that we may unsubscribe to the contracted employees DPS information. Please use the **Contractor/Sub-Contractor Dismissed Employees form**.



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Contractor Criminal History Agreement

On behalf of _____(Contractor), I, the undersigned authorized signatory for the Contractor, certify to the North East Independent School District that (check one):

☐ None of Contractor's employees are covered employees, as defined above. If this box is checked, I further certify that Contractor has taken precautions or imposed conditions to ensure that its employees will not become covered employees. Contractor will maintain these precautions or conditions throughout the time the contracted services are provided.

Or

☐ Some of all of Contractor's employees are covered employees. If this box is checked, I further certify that:

- 1) Contractor will provide the District with the name and any other requested information of covered employees so That the District may obtain criminal history record information, on covered employees. If the District objects to the assignment of a covered employee on the basis of the covered employee's criminal history record information, Contractor agrees to discontinue using that Covered employee to provide services at the District.
- 2) Contractor will provide the District with the names and any other requested information of covered employees who leave the Contractors employment. This information will be provided to the District on the employee's last day of employment. The District will immediately unsubscribe to the employee's DPS record.

I also certify to the District on behalf of Contractor that Contractor has obtained certifications from its Subcontractors of compliance with Education Code, Chapter 22.

Noncompliance or misrepresentation regarding this certification may be grounds for contract termination.

Signature

Date

Company Name

Job Title



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Contractor/Subcontractor/Independent Contractor Dismissed Employees (to unsubscribe DPS Records)

Company Name:_____ Contract Begin/end Dates:_____

Administrators Name:_____ Job Title:_____

	Name	Date of Birth	DL#/State	Last Day Worked
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				