



Criminal History Check

It is required for all client educators to submit to a criminal history check. Please complete the required fields and sign. This form must be mailed back to GESC.

Full Name: _____
(Please Print) (Last) (First) (Middle)

Social Security Number: _____

Sex: _____
(Male/Female)

Ethnicity: _____
(Black/White/Other)

I understand that the information I am providing regarding age, sex, and ethnicity will not be used to determine eligibility for employment, however, it will be used solely for the purpose of obtaining criminal history data.

Applicant Signature

Date



200 N. 12th Street, Suite 102
Edinburg, TX 78539

956/381-0031 ex. 15
956/381-0265 Fax

(800) 381-0031 ex 15