



National Criminal History Background Check Instructions

CONSTRUCTION / VENDOR BADGES

- 1) Go to this link: <http://www.mansfieldisd.org/page.cfm?p=4516>.
Then select "Background Check Application (Construction/Vendor)".
- 2) Complete each section of the attached form, down to the red letters that say, **INFORMATION BELOW TO BE COMPLETED INTERNALLY**.
- 3) Return the completed application to the Facility Department either by:
 - a. Faxing it to 817.548.2195
 - b. Emailing it to facilitybackground@misdmail.org
 - c. Bring it to the Maintenance/Facility Complex
203 Hillcrest St.
Mansfield, TX, 76063
Phone: 817.299.4343
- 4) Once the application is approved by the Director of Facilities, the background verification will begin.
- 5) If fingerprinting is required, you will be notified by the Facility Department via email with instructions regarding the scheduling of an appointment for fingerprinting. This appointment will be between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday, and will take approximately 10 minutes.
- 6) The location for the fingerprinting is: MISD Police Department
1522 North Walnut Creek
Mansfield, TX, 76063
Phone: 817.299.6000
- 7) There is a onetime fee of \$48.00 for the background check. This may be paid by money order, credit card or debit card. The badge fee for the first year is included in the \$48.00; however, badges will be turned in to the Facility Department at the end of each year. If applicant is clear, new badges may be issued for a fee of \$5.00 per year.
- 8) Results of fingerprinting research will be received by Mansfield ISD in approximately 2 to 3 days, at which time the applicant will be notified. If the applicant is clear for work on MISD's campuses, they will need to return to the MISD Police Department to be photographed and pick up the badge. This can be done at any time, as the department is open 24 hours a day, 7 days a week.
- 9) Badges **MUST BE WORN** at all times while working on school district property.



**National
Criminal Background Check
CONSTRUCTION APPLICATION**

Vendor Name: _____

Street Address: _____

City, State, Zip: _____

Subcontractor to: _____

Primary Contact: _____ Phone #: _____

e-Mail Address: _____

Product /Service being Provided: _____

Project Start Date: _____

Complete one section below for each employee who will work on MISD campuses. (Attach additional sheet if necessary.)

EMPLOYEE #1 _____	DATE OF BIRTH __/__/____	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____
EMPLOYEE #2 _____	DATE OF BIRTH __/__/____	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____
EMPLOYEE #3 _____	DATE OF BIRTH __/__/____	SOCIAL SECURITY NUMBER ____-____-____
DRIVERS LICENSE NUMBER _____ State _____	PHONE NUMBER ____-____-____	E-MAIL ADDRESS _____

Facility where Services will be Performed: _____
(If multiple, state "Multiple") _____

Once the above information is complete ~~and the Waiver on the next page is signed~~, return form either via fax to 817-473-5737 or to facilitybackground@misdmail.org.

INFORMATION BELOW TO BE COMPLETED INTERNALLY

Bond/Construction Projects: _____ / ____/____
Assistant Superintendent of Facilities Date

Vendor BLUE Badge
Construction RED Badge