



**Greater Opportunities of The Permian Basin Inc.**  
*Head Start School Readiness Academy*

P.O. Box 3922  
Odessa, Texas 79760  
Office (432) 337-1352  
Fax (432) 333-3373

**DEMOGRAPHIC INFORMATION FOR  
NAME-BASED AND FINGERPRINT-BASED CRIMINAL HISTORY**

This information is required by our agency and the Texas Department of Family and Protective Services. It will be used to check for any criminal history that is a violation of minimum standards and to check the DFPS central registry of abuse and neglect.

Center: \_\_\_\_\_ Substitute: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Staff: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code & Hm. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male or  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race:  American Indian,  Alaskan Native,  Asian,  Black,  Native Hawaiian/Pacific Islander,  White

Ethnicity:  Hispanic or  Non-Hispanic

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, or Country

Citizen Country: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ D.L. Type: \_\_\_\_\_

Authorized Agency Information (To be completed by Requesting Agency)

Reason for fingerprinting: \_\_\_\_\_

Agency ORI: TX922250Z Agency Name: Texas Department of Family and Protective Services – Day Care

Employer Name: GOPB Head Start Employer's Phone: 432-337-1352 Extension: x224

Street Number and Address: 206 W. 5<sup>th</sup> Street

Employer City: Odessa Employer Zip: 79760 Employer State: Texas

Name-based check completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Fingerprint-based check completed by: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN ORIGINAL FORM TO THE HUMAN RESOURCES OFFICE