

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of application _____																						
	Name _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 40%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle initial</small>																						
	Current address _____ <small style="display: inline-block; width: 25%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 20%; text-align: center;">ZIP Code</small>																						
	Other address where you may be reached _____																						
	Work phone _____		Home phone _____																				
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>																						
Position Data	List the position(s) you are applying for _____																						
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only																						
	Date you can begin work _____																						
	Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
If you answered yes, provide dates of employment _____																							
Education/Training	Check the highest level of education attained:																						
	<input type="checkbox"/> Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12																						
	<input type="checkbox"/> High school graduate		<input type="checkbox"/> GED	<input type="checkbox"/> Less than two years of college																			
	<input type="checkbox"/> Two or more years of college		<input type="checkbox"/> Bachelor's degree																				
	<input type="checkbox"/> Master's degree		<input type="checkbox"/> Other training or education _____																				
	Licenses and certificates held _____																						

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name and location of schools attended</th> <th style="width:20%;">Course of study and major/minor</th> <th style="width:30%;">Diploma, degree, certificate, or license held</th> <th style="width:20%;">Year graduated <small>(College only)</small></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <small>(College only)</small>																
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Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available.			
	Employer and location	Position/title	Dates employed	Reason for leaving
Special Skills	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience.			
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____				
General Information	Do you have a relative who serves on the _____ ISD Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____ _____			
Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or <u>any</u> offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please state where, when, and the nature of the offense _____ _____ _____ _____ _____				
(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)				



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References	Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.</p> <p style="text-align: center;"> </p> <p style="text-align: center;">Signature Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for _____ months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>				



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Please: Check and Initial each Applicable Space			
CCH Report Printed:			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
			_____ initial
Purpose of CCH: _____			
Hire	<input type="checkbox"/>	Not Hired	<input type="checkbox"/>
			_____ initial
Date Printed: _____			_____ initial
Destroyed Date: _____			_____ initial

Signature of Applicant or Employee

Retain in your files

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date