



Spur Independent School District

Service and Support Application

An Equal Opportunity Employer

Date of Application _____

Personal Data

Name _____
Last First Middle initial

Current address _____
Street/Box City State ZIP Code

Email address: _____

Home phone _____ Cell phone _____ Other phone _____

Other name that may appear on records _____
(Used for certification, reference, and criminal history record checks)

Position Data

Position(s) for which you are applying _____

Type of employment:

Full-time

Part-time

Summer only

Date you can begin work _____

Have you been employed by Spur ISD in the past? Yes No

If "Yes", provide dates of employment _____

Special Skills

List specific skills, software proficiency, and any machines or equipment you can operate.
 Include number of years of experience.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

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 resume if available.

Work Experience

Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	
Employer name and location		Employer name and location	
Position/title held		Position/title held	
Dates employed		Dates employed	
Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving	

References

Please list references the district can contact regarding your work history.

Full name of reference	School district/ firm name	Mailing address	Position/title	Area Code/ Phone

Education/Training

Name and locations of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(college only)</i>

General Information

Do you have a relative who serves on the Board of Education or is an employee of Spur ISD?

Yes No If yes, please provide the relative's name and relationship:

Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

Yes 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.)

Verification

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.

I authorize the references listed on the previous page 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.

I understand that the district is required by Texas Education Code to review criminal history of applicants.

Signature

Date

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 twelve (12). If you have not received a response during this time period, you may reapply or reactivate your application.

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is *Craig Hamilton, Superintendent 806-271-3272.*

Criminal History Information Request

Confidential*

The Spur Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____

Last

First

Middle

Social Security Number _____

Date of Birth _____

Driver's License _____

State and Number

Mailing Address _____

Street

City

State

Zip

Sex

Male

Female

Ethnicity:

Black

White/Other

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

Signature

Date

**This form will be removed from the application and filed separately in the HR office.*

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.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee to the fingerprinting services company, L1 Enrollment 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)

For Agency Use Only

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please check and initial applicable space

CCH Report Printed:

Yes No Initial _____

Purpose of CCH: _____

Hire Not Hired Initial _____

Date printed _____ Initial _____

Destroyed Date _____ Initial _____

Retain in your files