

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Date**

**SERVICE AND SUPPORT PERSONNEL**

**EMPLOYMENT APPLICATION**

**MERIDIAN INDEPENDENT SCHOOL DISTRICT**

**P. O. Box 349**

**Meridian, Texas 76665**

**Phone: (254) 435-2081**

**Fax: (254) 435-2025**

*An Equal Opportunity Employer*

## 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, the presence of a medical condition, disability, or any other legally protected status.

*An Equal Opportunity Employer*

<b>Personnel Data</b>	Date of application _____ Social Security number _____			
	Name _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 150px;">First</small> <small style="margin-left: 150px;">Middle Initial</small>			
	Current address _____ <small style="margin-left: 100px;">Street/Box</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">ZIP Code</small>			
	Other address where you may be reached _____			
	Work phone _____		Home phone _____	
<b>Position Data</b>	Other name that may appear on records _____ <small>(Used only for reference checks)</small>			
	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 _____ <b>MERIDIAN</b> _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
<b>Education/Training</b>	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 _____ _____ _____			
<b>Education/Training</b>	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <small>(College only)</small>

**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

<b>Work Experience</b>	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
<b>Special Skills</b>	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. _____		
<b>General Information</b>	Do you have a relative who serves on the <u>      MERIDIAN      </u> 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 or plead guilty or no contest (nolo contendere) to a felony or 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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: _____ _____ _____ _____			
	(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.)			

**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

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.					
References	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code- phone number
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 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.				
I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants selected for employment.					
_____ Signature <span style="margin-left: 200px;">Date</span>					
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 a period not to exceed <u>180</u> days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.					

**ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS**

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and a drug test.

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**Personal Data**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Hours available for work \_\_\_\_\_ Driver's license number \_\_\_\_\_ Type \_\_\_\_\_

Do you have school bus certification? .....  Yes  No

Have you ever had a driver's license suspended, revoked, or cancelled? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any criminal charges or proceedings pending against you? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to any serious traffic violation? .....  Yes  No

If yes, state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the past two years, have you failed an employer's alcohol or drug test? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS**

**Work Experience**

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

**Verification**

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application.

Furthermore, I authorize the information I've provided to be used; previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 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 identifiers 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 the 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 of \$24.95 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)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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