

**Colmesneil Independent School District**  
**PO Box 37/610 W. Elder St.**  
**Colmesneil, Texas 75938**  
**Office: (409) 837-5757**  
**Fax: (409) 837-9107**

**Personal Information**

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
*Street/PO Box City State ZIP*

Other Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Name that May Appear on Records: \_\_\_\_\_

**Position Information**

Position for which you are applying: ☐ Any Listed Below

Only the Following: ☐ Elementary ☐ High/Middle School ☐ Nurse ☐ Cafeteria

Days available: ☐ Any Day ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

If yes, explain: \_\_\_\_\_

**Education/Specialized Training:**

☐ Did not Graduate High School

Last Grade Attended: \_\_\_\_\_

☐ GED

☐ High School Graduate

☐ Less than 2 Years of College

☐ More than 2 Years of College

☐ College Graduate

Degree: \_\_\_\_\_

Other Training/Education: \_\_\_\_\_

Licenses/Certificates Held: \_\_\_\_\_

Do you have a Paraprofessional Certification?

☐ Yes ☐ No

If yes, when, from where? \_\_\_\_\_

*We consider all 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*

October 2021

Name and Location of School(s) Attended	Area/Field of Study	Diploma, Degree, License, Certificate Held	Year Graduated/Completed

**Work Experience**

Employer Name, Location and Phone	Position, Title or Assignment	Dates Employed	Reason for Leaving

**General Information and References**

Do you have a relative who serves on the Colmesneil ISD Board of Trustees? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest to, or received probation, suspension, or deferred adjudication for any traffic violation? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)? ☐ 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:

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*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.*

Are you receiving Texas Teacher Retirement Services (TRS) benefits? ☐ Yes ☐ No

*The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.*

Full Name of Reference	Relation to Reference	Position/Title of Reference	Email Address	Contact Number

### Attestation

I hereby affirm that all of 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 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 the district intends to employ.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This application becomes the property of the district. The district reserves the right to accept or reject it. The application shall be considered active for twelve (12) months. If you have not received a response during this time period, you may reapply or reactivate your application.*

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**COLMESNEIL INDEPENDENT SCHOOL DISTRICT**

P.O. Box 37 / 610 W Elder St.

Colmesneil, Texas 75938

**CONFIDENTIAL**

Colmesneil 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 No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
State and Number

Mailing Address \_\_\_\_\_  
Street City State Zip

Sex: \_\_\_ Male \_\_\_ Female Ethnicity: \_\_\_ Black \_\_\_ White/Other

I understand 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 personnel office.

## DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	