

APPLICATION FOR EMPLOYMENT

Cafeteria (Food Services)

"Respect...Commitment...Success"
**STRAWN INDEPENDENT
SCHOOL DISTRICT**

224 E. Walnut Street
Strawn, Texas 76475

Phone: (254) 672.5313 Fax: (254) 672-5662

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

(PLEASE PRINT)

Position(s) Applied For: Cafeteria Staff Full time or Substitute (Circle One)	Date of Application:
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Last Name	First Name	Middle Name	Maiden Name	
Address	Street	City	State	Zip Code
Telephone Number(s)			Social Security No. (voluntary)	

Best time to contact you at home is: a.m./p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before: Yes No
If Yes, give date _____ Position _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ____/____/____

Have you ever been convicted of a felony or misdemeanor involving moral turpitude, or pled guilty or received deferred adjudication for such crimes? Yes No

Have you ever been arrested in connection with the above described crimes? Yes No

EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Specialized Skills (Check skills/equipment operated)

Microsoft Office Excel PC Windows
 Microsoft Word TxEIS Typewriter
 Other _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

1.	_____ () _____ (Name) Phone #
	_____ (Address)
2.	_____ () _____ (Name) Phone #
	_____ (Address)
3.	_____ () _____ (Name) Phone #
	_____ (Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at-will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I consent to any and all pre-employment background checks conducted for employment purposes.

Signature of Applicant

Date

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.

STRAWN INDEPENDENT SCHOOL DISTRICT

Criminal History Information Request
Confidential

The Strawn Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of ALL APPLICANTS.

The data below must be provided by the applicant to assist the district in obtaining criminal history information.

Full Name _____
(Please Print) Last First Middle Maiden

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issued _____

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 MUST BE COMPLETED AND RETURNED WITH APPLICATION

Criminal History Check:
Date run: _____
Cleared: _____
Initials: _____

**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 (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, LI 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 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: _____		
Hired _____	Not Hired _____	_____ initial
Date Printed: ____/____/____		_____ initial
Destroyed Date: ____/____/____		_____ initial
Retain in your files		