

EMPLOYMENT APPLICATION FOR SUPPORT PERSONNEL

*An Equal Opportunity Employer**

Date of application _____

Personal Data	Name _____				
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>		
	Current address _____				
	<i>Street/Box</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
	Other address where you may be reached _____				
	Home phone _____		Cell phone _____		Other phone _____
	Other name that may appear on records _____				
	(Used for certification, reference, and criminal history record checks)				

Position Data	List the position(s) for which you are applying _____				
	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 Trinidad ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If you answered 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. _____

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 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	

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		
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 number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates granted _____				

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

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of _____ ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
	<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 required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ 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>

**Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is David Atkeisson, Superintendent, 903-778-2673.



HR Services

CRIMINAL HISTORY RECORD INFORMATION REQUEST**Confidential**

The Trinidad 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

<i>Last</i>	<i>First</i>	<i>Middle</i>
Social Security Number _____	Date of birth _____	

Driver's License _____
<i>State and Number</i>

Mailing Address _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White/Other
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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.



HR Services

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,, 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

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	