



EUSTACE INDEPENDENT SCHOOL DISTRICT

P.O. Box 188 • Eustace, Texas 75124

Phone: 903-425-5151 • Fax: 903-425-5147

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

PERSONAL DATA

Date of Application _____ Social Security No. _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Other address where you may be reached _____

Work Phone No. _____ Home Phone No. _____

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

LAST NAME:

POSITION DATA

Position(s) for which you are applying _____

Type of employment: Full-time Part-time Substitute

Date available: _____

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

If yes, provide dates of employment _____

EDUCATION / TRAINING

Check the highest level of education attained:

Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

High school graduate GED Less than two years of college

Two or more year of college Bachelor's degree

Master's degree Other training or education

Licenses and certificates held _____

FIRST:

NAME AND LOCATION OF SCHOOLS ATTENDED	COURSE OF STUDY AND MAJOR/MINOR	DIPLOMA, DEGREE, CERTIFICATE / LICENSE HELD	YEAR GRADUATED (COLLEGE ONLY)
LAST HIGH SCHOOL			
COLLEGES OR UNIVERSITIES			
BUSINESS OR TRADE			
OTHER			

M.I.:

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. Attache resume if available.

WORK EXPERIENCE

EMPLOYER AND LOCATION	POSITION/TITLE	DATES EMPLOYED	REASON FOR LEAVING

SPECIAL SKILLS

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. _____ |

GENERAL INFORMATION

Do you have a relative who serves on the Eustace ISD Board of Education? Yes No

If yes, please provide the relative's name and relationship: _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (include, 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.)

Please list references the district may 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 NO.

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 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. This application shall be considered active for a period not to exceed one year. If you have not received a response during this time period, you may reapply or reactivate your application.

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

Consideramos a solicitantes para todo posicionan sin el respecto para competir, colorar, el origen nacional, la edad, la religión, el sexo, la posición marital, el veterano o la posición militar, la incapacidad, or cualquier otra posición legalmente protegida.

An Equal Opportunity Employer

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The Eustace 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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

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

Please:	
Check and Initial each 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	

