

LATEXO INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION FOR SUPPORT PERSONNEL AND BUS DRIVERS

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>	

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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> <hr/> <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> <hr/> <hr/> <hr/> <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>
Verification	<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, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The District Title IX Coordinator is Michael Woodard, Superintendent, P O Box 975, Latexo, Tx, 936-544-5664.

Send completed application to ashoemake@latexoisd.net

Latexo Independent School District
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

Confidential*

The Latexo Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security number _____ Date of birth _____

Sex: Male Female

Ethnicity: Black, not Hispanic White, Not Hispanic Hispanic
 American Indian or Alaskan Native Asian or Pacific Islander

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 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 will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

(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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

FAST PASS INFORMATION FORM

Date: _____

PLEASE PRINT

Name: _____
Last First Middle

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number/State: TX _____

Phone Number : _____

Please check one:

- Certified Teacher/Substitute
- Non-Certified Substitute/Support Personnel
- ACE

***NOTE: FORM MUST BE COMPLETED IN FULL AND A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENCE MUST BE INCLUDED FOR INFORMATION TO BE UPLOADED.**