An Equal Opportunity Employer*

Dat	e of application				
Personal Data	Name Mailing address E-mail address Home phone Other name that m	Street/Box Cell phone ay appear on records reference, and criminal history reco	First City		
Position Data	List the position(s) for which you are applying Type of employment: □ Full-time □ Part-time □ Summer only Date you can begin work Have you been employed byISD in the past? □ Yes □ 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				
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				
	Reason for leaving		Reason for leaving	5	



APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Employer name and location				Employer location	name and		
ience	Position/title held				Position/tit	le held		
Work Experience	Dates employed				Dates emp	loyed		
Work	Supervisor's name and phone				Supervisor and phone	's name		
	Reason for leaving				Reason for	leaving		
	Please list reference	es the	district can c	ontact r	egarding y	our work	nistory.	
	Full name of reference		ool district/ rm name		ailing dress	Positio	n/title	Area code/ phone number
seou								
References								
æ								
	List the highest lev			ined: _				
	Licenses and certifi	cates	granted					
Education/Training	Name and location schools attende		Course of and major/i			ı, degree, c license gra		Year graduated (College only)
tion/T	a.							133338
duca								
ш								



APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Do you have a relative who serves on the Board of Education or is an employee of ISD?				
	Yes No If yes, please provide the relative's name and relationship:				
General Information	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? □ Yes □ No				
eneral	If yes, please state where, when, and the nature of the offense				
Ğ					
	(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.)				
	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.				
on	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.				
Verification	I understand that the district is required by Texas Education Code to review criminal history of applicants.				
Ve	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 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.				

The district Title IX Coordinator is Gary Speegle, Superintendent, 1414 N Austin, Comanche, TX 76442.



^{*}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.

APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

Used for all personnel who are required to have a CDL.

An Equal Opportunity Employer*

Personal Data	Name Phone number Last First Middle initial Hours available for work Driver's license number Type Do you have a Texas School Bus Driver Training Certificate? Ves No Have you ever had a driver's license suspended, revoked, or cancelled? Ves No If you answered yes, explain
Background Check Information	Are there any criminal charges or proceedings pending against you?



APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

	Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.						
e	Employer address and phone	Kind of work	Dates employed	Reason for leaving			
Driving Experience							
ing Ex							
Driv							
	I hereby affirm that all information pr best of my knowledge and understand or omissions of fact may be grounds f subsequent employment.	that any deliberate	e falsifications, n	nisrepresentations,			
Verification	I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.						
	Furthermore, I authorize the informati employers to be contacted for investig liability for damage that may result from	gative purposes; and	d release all part				
	Signature		Da	ite			

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COMANCHE INDEPENDENT SCHOOL DISTRICT

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Comanche 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					
	ast	Fir	rst		Middle
Social Security 1	Number	Date	e of birth		
Driver's License					
	State and N	Number			
Mailing Address					
	Street	City	5	State	Zip
Sex: Male	☐ Female	Ethnicity:	☐ Black	☐ White/Other	
I understand that determine eligibi history record in	lity for employment	m providing about ag t but will be used <i>sol</i>	ge, sex, and lely for the p	ethnicity will not burpose of obtaining	be used to ng criminal
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
APPLICANT or EMPLOYEE NAME (Please print) History (CCH) verification check will be performed	d by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DO	<u>B</u> identifiers 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 conducting the criminal history check for background screening is not allowed to discuss <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> 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 A	Applicant or Emp	loyee
 Date		
	che ISD (Please print)	
Lisa W		
	sentative Name	(Please print)
Signature of A	gency Represent	tative
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					