

APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

*An Equal Opportunity Employer**

| | | | |
|-----------------------------|---|----------------------------|-----------------------------|
| Date of application _____ | | | |
| Personal Data | Name _____ <small style="display: inline-block; width: 30%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle initial</small> | | |
| | Mailing address _____ <small style="display: inline-block; width: 30%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 20%; text-align: center;">State</small> <small style="display: inline-block; width: 20%; text-align: center;">ZIP Code</small> | | |
| | E-mail address _____ | | |
| | Home phone _____ Cell phone _____ Other phone _____ | | |
| | Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small> | | |
| 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 _____ 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. _____ | |
| | 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. | | |
| | Work Experience | 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 |

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| 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> <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> |
| 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 align="center">_____</p> <p align="center">Signature _____ 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 12 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 Gary Speegle, Superintendent, 1414 N Austin, Comanche, TX 76442.



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 _____
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.

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

Comanche ISD
Agency Name (Please print)

Lisa Warren
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 | |