

## Union Hill ISD 2197 FM 2088 Gilmer, TX 75644

Employment Application for Service & Support Personnel We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, or veteran status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Date of Application	_Social Security No			
Name				
First	Middle Initial		Las	st
Current Address	reet/Box			
Str	reet/Box	City	State	Zip
Day Phone	Evening Phone_			
Position Data and Cert	ification			
Position for which you are ap	plying			
Date Available:	Type of Employment:  Full-Time  Part-	Time	■ Summer (	Only
If applying for Substitute che	ck all areas you are interested in working:			
<ul><li>Substitute Both Campuse</li><li>Custodial / Maintenance</li></ul>		■ HS Cam	pus Teacher Substi	tute Only
<ul><li>Custodial / Maintenance</li><li>All of the above</li></ul>	■ Caleteπa			
Education				
Check highest level attained:				
■ Not high school graduate	(Last Grade Complete)			
<ul><li>High School graduate</li><li>Bachelor's degree</li></ul>	<ul><li>Less than two years college</li><li>Master's degree</li></ul>		Two or more year Other training or of	
Bachelor s degree	i waster's degree		Other training of t	Education
Licenses / Certifications held	:			

T 1	4 •	( 1)	
наш	cation	CONT	۱
Luu	cauon	(COIIL.)	,

Name of School and Location	Course of Study	Diploma, Degree	Year Graduated
	Major/Minor Fields	Or Certificate	(College Only)
-			•
Work Experience			
Beginning with most recent years.			
Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving
Traine of Benoof and Eccation	Type of Hostiginient	Dutes ruagit	Reason for Ecaving
·			
Special Skills			
ist specific skills and / or any mach	ines or equipment you can oper	rate. Include typing speed and	d number of years experience
		Δ	
•			
2		5	
		6	

General Information
Do you have a relative who is a member of the Union Hill ISD Board of Education?  ■ Yes ■ No If yes, please give the name of relative and relationship:
Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? $\blacksquare$ Yes $\blacksquare$ No
If yes, please state where, when, and the nature of the offense:
References

	•	regarding your work history pervised your performance.	y. Please include all ma	anagers / supervisors at the last
Full Name of	School District / Firm	Address	Position / Title	Phone with area code

	Full Name of Reference	School District / Firm Name	Address	Position / Title	Phone with area code
-					

## 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 on the previous page 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 same to you.

I understand that the district is required by Texas Education Code 21.917 to obtain criminal history record information on applicants selected for employment.

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 time period not to exceed two years. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

	Signature of Applicant	Date	
Texas Drivers Lic. #			
Social Security #			
Date of Birth			

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

APPLICANT or EMPLOYEE NAME (Please print)	nave been noumed 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 <u>name and DOB</u> information I supply.				
Because the name based information is not an ex	act search and only fingerprint record searches			
represent true identification to criminal history, the o	organization (as listed below) conducting the			
criminal history check is not allowed to discuss any info	ormation 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 require	ed 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 o	order to complete this process I must have the			
correct fingerprinting (FAST) form from this agency, m	nake an online appointment, submit a full and			
complete set of my fingerprints, and pay a fee of \$	the fingerprinting services company,			
L1Enrollment Services.				
Once this process is completed and the agency re	eceives the data from DPS, the information on			
my fingerprint criminal history record may be discussed v	with me.			
(This copy must remain on file by your agen	cy. Required for future DPS Audits)			
Signature of Applicant or Employee	Please: Check and Initial each Applicable Space			
Date //	CCH Report Printed:			
Date	YESNOinitial			
Agency Name (Please print)	Purpose of CCH:			
Agency Representative Name (Please print)	Hired Not Hired initial			
Agency representative (value (i rease print)	Date Printed: / / initial			
Signature of Agency Representative	Destroyed Date:/ initial			
	Retain in your files			
Date /	Actain in your mes			