

GRANDVIEW INDEPENDENT SCHOOL DISTRICT

PO Box 310

Grandview, Texas 76050

Employment Application for Service and Support Personnel

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or handicap that is not job related or any other legally protected status.
An Equal Opportunity Employer

Personal Data

Date of Application _____ Social Security Number _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Other address where you may be reached _____

Work Phone _____ Home Phone _____

Email Address _____

Name used on records if different from present name _____
 (To be used for reference checks)

Position Data

Position for which applying _____

Type of Employment: Full-time _____ Part-time _____ Summer Only _____

Date available for position _____

Former Grandview ISD employee: Yes No

If yes, give dates of employment _____

Education / Training

Check highest level attained:

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

High School graduate GED

Two or more years college Bachelor's degree

Master's degree Other training or education _____

Licenses/certifications held _____

Schools Attended: List all applicable information

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary.

Work Experience

Employer and Location	Position/Title	Dates Employed	Reason for Leaving

Special Skills

List specific skills and/or any machines or equipment you can operate. Include typing Speed and number of years experience.

1. _____
2. _____
3. _____

General Information

Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying? Yes No If yes, please explain: _____

Do you have a relative who is a member of the Grandview 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, and indecency with a minor)? Yes No If yes, please explain _____

(Conviction of a felony 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 who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

References

Full Name of Reference	School District or Firm Name	Mailing Address	Position or Title	Phone Number

Personal Statement

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Grandview ISD. Use additional sheets of paper if necessary.

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 parties from all 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 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 period of time 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.

_____ Date

_____ Signature

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	

GRANDVIEW INDEPENDENT SCHOOL DISTRICT CRIMINAL HISTORY AUTHORIZATION

Texas Education Code §22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District; therefore, as a part of your application process, you need to complete the following questions.

Please Print

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Jr/Sr/etc <input type="text"/>
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Social Security Number <input type="text"/>	Driver's License Number <input type="text"/>	State <input type="text"/>
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Birth Date (mm/dd/yy) <input type="text"/>	Sex (check one) <input type="checkbox"/> M <input type="checkbox"/> F	Race (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White
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Current Address

City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
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For each residence in the last five years, list the city, state, applicable dates and applicable last name.

City	State	From (mm/yy)	To (mm/yy)	Last Name (at date listed)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteers Only – List campuses or programs of interest to you _____

Have you ever been convicted of or received deferred adjudication for a criminal offense? Yes No

If yes, please indicate the year, location, and type of each offense. More facts may need to be discussed later

Location (city, state)	Offense	Last name	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby authorize Grandview ISD and school district's agent(s) to obtain a consumer report on me. Grandview ISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to Grandview ISD or the school district's agent(s).

I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable federal or state equal employment opportunity laws.

Signature of Applicant _____	Date _____
<input type="radio"/> Employment, Applicant <input type="radio"/> Substitute Teacher <input type="radio"/> Student Teacher <input type="radio"/> Teacher Assistant <input type="radio"/> Volunteer <input type="radio"/> Maintenance/Transportation/Food Service	<input type="radio"/> National / NCTC Expanded <input type="radio"/> State / NCTC User #0580E School District: Grandview I.S.D.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential*

The Grandview 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