

Application for Support Personnel  
**SCHLEICHER COUNTY INDEPENDENT SCHOOL DISTRICT**

P.O. Box W \* Eldorado, Texas 76936 \* Ph. 325-853-2514 \* Fax. 325-853-2695

<b>Personal Data</b>	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div> Current address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Street/Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP Code</i></span> </div> Other address where you may be reached _____ Home phone _____ Cell phone _____ Other phone _____ Other name that may appear on records _____ <div style="font-size: x-small;">(Used for certification, reference, and criminal history record checks)</div> Email Address: _____			
<b>Position Data</b>	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 _____			
<b>Special Skills</b>	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. _____</div> <div style="width: 50%;">4. _____</div> <div style="width: 50%;">2. _____</div> <div style="width: 50%;">5. _____</div> <div style="width: 50%;">3. _____</div> <div style="width: 50%;">6. _____</div> </div>			
<b>Work Experience</b>	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	
	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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	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
<b>References</b>	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
<b>Education/Training</b>	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>	

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

***An Equal Opportunity Employer***

*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.*

**\*Confidential**

The Schleicher County 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

**SCHLEICHER COUNTY ISD**

\_\_\_\_\_  
Agency Name (Please print)

**SANDRA ROBLEDO**

\_\_\_\_\_  
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**