EMPLOYMENT APPLICATION FOR SERVICE AND
SUPPORT PERSONNEL

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

An Equal Opportunity Employer

D. O. B. —

Date of application: _____ Social Security No. _____

Name: _____
      Last   First   Middle Initial

Current Address: _____
              Street or Box   Ci ty   State   Zip

Other address where you may be reached

_____

Work phone _____ Home phone _____ Mobile _____

Other name that may appear on records _____
(Used only for reference checks)

List the positions that you are applying for _____

_____

Type of employment   ☐ Full-time   ☐ Part-time   ☐ Summer only   ☐ Substitute

Date you can begin work_____
Have you been employed by Bremond ISD in the past?   ☐ Yes   ☐ No
If you answered yes, provide dates of employment _____

_____

Check the highest level of education attained:
☐ Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
☐ High School graduate   ☐ GED   ☐ Less than two years of college
☐ Two or more years of college ☐ Bachelor's degree
☐ Master's degree   ☐ Other training or education _____

Licenses and certificates held _____

Name and location of schools attended	Course of Study and major/minor	Diploma, degree, certificate, or license held	Year graduated

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Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full name of References	School district/firm name	Mailing address	Positions/title	Area code-phone number

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 such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

Signature	Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

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 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 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 <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)

For Agency Use Only:

_____
Signature of Applicant or Employee

_____
Date

_____
Agency Name   (Please print)

Rachel Bell
_____
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

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