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

An Equal Opportunity Employer

	Date of application					
Personal Data	Name			Middle initial		
	Current address Other address where you ma	treet/Box	City	State	ZIP Code	
erso	Work phone		Home ph	none		
ď	Other name that may appear on records (Used for certification, reference, and criminal history record checks)					
Position Data						
	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 High school graduate GED Less than two years of college Bachelor's degree Master's degree Other training or education Licenses and certificates held			years of college		
Fraining	Name and location of schools attended	Course of stud and major/min	•	ploma, degree, certicate, or license held		
Education/Training						
Edi				;		
				;		

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

Please provide a complete list of all positions you have held in the past 10 years most recent first. Attach additional sheets if necessary (bus driver applicants, se dum). Attach résumé if available.						
	Employer and location	Position/title	Dates employed	Reason for leaving		
Work Experience		44-4				
ξ Exp						
Work						
Special Skills	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience. 1					
Do you have a relative who serves on the <u>Windthorst</u> ISD Bo Yes No If yes, please provide the relative's name and relationship: Have you ever been convicted of, pled guilty or no contest (nolo contends probation, suspension, or deferred adjudication for a felony or any offense turpitude (including, but not limited to, theft, rape, murder, swindling, and			ship: Itendre) to, or received ffense involving moral			
General Informa	minor)? □ Yes □ No If yes, please state where, when, and the nature of the offense					
.	(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.)					



	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					
References	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number	

				<i>:</i>		
on	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.					
Verification	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. This application shall be considered active for <u>12</u> months. If you have not received a response during this time period, you may reapply or reactivate your application.					



Confidential*

The <u>Windthorst</u> Independent School District is authorized by state law to obtain criminal history record information annually on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information on an annual basis.

Please print.			
Name			
Last	·	First	Middle
Social Security	number	Date of birth_	
Sex: ☐ Male	☐ Female	Ethnicity: Bla	ck D White/Other
used to determi	at the information I am ne eligibility for emplo nal history record infor	yment but will be used so	, and ethnicity will not be olely for the purpose of
	• .	· ·	
Signature			
Date			•
			₹ - 1

Member Library Human Resource Services

^{*} This form will be removed from the application and filed separately in the personnel office.

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

_____, have been notified that a computerized criminal

APPLICANT OF EMPLOYEE NAME (Please print)				
history (CCH) verification check will be performed	by accessing the Texas Department of Public Safet			
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 search represent true identification to criminal history, the organization (as listed below) conducting				
			criminal history check is not allowed to discuss any	
			the agency may offer the opportunity to have	e a fingerprint search performed to clear an
misidentification based on the name search, if the search				
mine.	•			
For the fingerprinting process I will be re	quired to submit a full and complete set of my			
fingerprints for analysis through the Texas Departm	•			
identification system). I have been made aware that	· · · · · · · · · · · · · · · · · · ·			
correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full an				
complete set of my fingerprints, and pay a fee o				
L1Enrollment Services.				
Once this process is completed and the agenc	ey receives the data from DPS, the information on			
my fingerprint criminal history record may be discusse	ed with me.			
(This copy must remain on file by your ag	ency. Required for future DPS Audits)			
Signature of Applicant or Employee	Please:			
	Check and Initial each Applicable Space			
Date	CCH Report Printed:			
	YESNOinitial			
Agency Name (Please print)	Purpose of CCH:			
Agency Representative Name (Please print)	Hired Not Hired initial			
S 7 ***-F	Date Printed: /_/_/initial			
Signature of Agency Representative	Destroyed Date:/ initial			
1 1	Retain in your files			
Date	Attian is jour mos			