

Application for Employment of Auxiliary Personnel

CHESTER
Independent School District

273 Yellowjacket Drive

Chester, Texas 75936

(936) 969-2371 FAX: (936) 969-2080

Return application by mail or e-mail to stephanie@chesterisd.com

NAME _____ TELEPHONE(_____) _____
Last First Middle

ADDRESS _____
Street/P.O. Box City State Zip Code

SOCIAL SECURITY NUMBER _____ ALTERNATE PHONE NUMBER (_____) _____

IN CASE OF EMERGENCY, NOTIFY _____ (_____) _____
Name

POSITION DESIRED:

- Bus Driver Cafeteria Custodial Substitute Teacher
 Secretary Teachers Aide Maintenance Other _____

EDUCATIONAL TRAINING:

- 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 in college
 Two or more years college Bachelor's Degree Master's Degree
 Other training or education _____
 Licenses/certifications held _____

Are you presently employed? Yes No If yes, by whom? _____

Please provide complete listing of all jobs or positions you have held in the past 5 years. List most recent first. Attach additional sheets if necessary.

| Employer/Address | Job/Position/Title | Dates Employed | Reason for Leaving |
|------------------|--------------------|----------------|--------------------|
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Give at least five (5) references, not relatives, who have known you for five or more years. Do not list anyone given as an employer. Give complete mailing address. If you desire, you may attach a complete resume.

| Name | Job/Position/Title | Mailing Address |
|------|--------------------|-----------------|
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Do you have a valid driver's license? Yes No If yes: Type _____ State _____ No. _____

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying?

Yes No If yes, please explain _____

How much time have you lost from work in the past year? _____

Have you ever filed for or received benefits as a result of a workers' compensation claim? Yes No

If your answer is yes to the previous question, please provide the date(s) of the injury(ies), the employer's name for whom you were working at the time of such claim, and the specific nature of the injury. State also whether you are fully recovered from the injury.

Do you have a relative who is either a member of the Chester ISD Board of Education or who is employed in any capacity in the Chester District? Yes No If yes, please give the name of relative, relationship, and position held:

Have you ever been convicted of a felony, or of any crime involving moral turpitude, including but not limited to felony crimes involving alcohol, and felony and misdemeanors involving controlled substances and/or children? Yes No

If yes, please explain: _____

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

For special positions there may be the requirement of substance abuse test, back x-ray, motor vehicle record check, and physical examination.

Furthermore, this application will be maintained for a 3-year period, after which a new application must be submitted.

I certify that all statements made in this application are true, and that the failure to include pertinent information or to falsify information requested in this application shall forfeit my right to be considered for employment, or if I am employed, may result in my dismissal upon subsequent discovery.

Signature Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, (**print** Applicant or Employee Name,) 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 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 (as listed below) conducting the criminal history check is not allowed to discuss any information 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 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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DOS, 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

Chester Independent School District
Agency Name (Please print)

Stephanie Williams
Agency Representative Name

Signature of Agency Representative

Date

| | |
|---|---------------|
| Please: | |
| Check and Initial each Applicable Space | |
| CCH Report Printed: | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | _____ Initial |
| Purpose of CCH: _____ | |
| Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> | _____ Initial |
| Date Printed: _____ | _____ Initial |
| Date Destroyed: _____ | _____ Initial |
| Retain in your files. | |