

LEAKEY ISD EMPLOYMENT APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS

*An Equal Opportunity Employer**

Personal Data

Name _____ Phone number _____
Last First Middle initial

Hours available for work _____ Driver's license number _____ Type _____

Do you have a Texas School Bus Driver Training Certificate? Yes No

Have you ever had a driver's license suspended, revoked, or cancelled? Yes No

If you answered yes, explain _____

Background Check Information

Are there any criminal charges or proceedings pending against you? Yes No

If you answered yes, explain _____

In the past 10 years, have you:

- (1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or
- (2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) Yes No

If yes, state where, when, and the nature of the offense _____

In the past two years, have you failed an employer's alcohol or drug test? Yes No

If you answered yes, explain _____

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Driving Experience	Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.			
	Employer address and phone	Kind of work	Dates employed	Reason for leaving
Verification	<p>I hereby affirm that all information provided in this addendum 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.</p> <p>I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.</p> <p align="center"> </p> <p align="center">Signature Date</p>			

**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.*

The district Title IX Coordinator is the Principal, PO Box 1129, Leakey TX 78873
830-232-5595 or fax 830-232-5535

LEAKEY ISD EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

*An Equal Opportunity Employer**

Date of application _____			
Personal Data	Name _____		
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>
	Current address _____		
	<i>Street/Box</i>	<i>City</i>	<i>State</i> <i>ZIP Code</i>
	Other address where you may be reached _____		
Home phone _____ Cell phone _____ Other phone _____			
Other name that may appear on records _____			
<i>(Used for certification, reference, and criminal history record checks)</i>			
Position Data	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 _____		
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.		
	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
	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.		
	Work Experience	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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Work Experience	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		
References	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
Education/Training	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>	



Leahey Independent School District

Criminal History Record Information Addendum

CONFIDENTIAL – This form will be removed from the application and filed separately.

Leahey Independent School District is authorized by Texas Education Code 22.083 to obtain criminal history record information on persons the District intends to employ. The information requested below is necessary to obtain criminal history record information.

Full Name (Please print): _____
First Full Middle Name Last

Address: _____

Telephone #: _____

List any and all other name(s) used, including maiden name:

Social Security Number: _____ **Date of Birth:** _____

Driver's License #: _____ **Issuing State:** _____

Sex: Male Female
Ethnicity: Black White Hispanic Other _____

I understand 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. My signature authorizes the release of any and all police/criminal history information to Leahey Independent School District.

Signature _____ **Date**

<i>Office Use Only</i>		
<input type="radio"/> No Matching Records	<input type="radio"/> Matching Records	<input type="radio"/> NOT APPROVED
<input type="radio"/> Approved	<input type="radio"/> Approved	
By: _____		Date: _____

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

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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

<p>Please: Check and Initial each Applicable Space</p>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<p>Retain in your files</p>	