

**LEAKEY ISD EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

*An Equal Opportunity Employer\**

Date of application _____ Position Applying For: _____																					
<b>Personal Data</b>	Name _____ Address _____ Email Address _____ Home phone _____ Cell phone _____ Other name that may appear on records _____																				
<b>Position Data</b>	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 Leakey ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____ Are you a TRS retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of retirement: _____																				
<b>Special Skills</b>	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. _____																				
<b>Work Experience</b>	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Employer name and location</td> <td style="width: 25%;"></td> <td style="width: 25%;">Employer name and location</td> <td style="width: 25%;"></td> </tr> <tr> <td>Position/title held</td> <td></td> <td>Position/title held</td> <td></td> </tr> <tr> <td>Dates employed</td> <td></td> <td>Dates employed</td> <td></td> </tr> <tr> <td>Supervisor's name and phone</td> <td></td> <td>Supervisor's name and phone</td> <td></td> </tr> <tr> <td>Reason for leaving</td> <td></td> <td>Reason for leaving</td> <td></td> </tr> </table>	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																			

*For Office Use Only*

Date Background Check Performed: \_\_\_\_\_  
Approved?  Yes  No By: \_\_\_\_\_

Fingerprint Status Extract Date: \_\_\_\_\_  
Fingerprinting Completed on Date: \_\_\_\_\_  
Fingerprint Process Complete Initial: \_\_\_\_\_

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<b>Work Experience</b>	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		
<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>	

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<b>General Information</b>	<p>Do you have a relative who serves on the Board of Education or is an employee of Leakey 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>
<b>Verification</b>	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p align="center">_____</p> <p align="center">Signature <span style="margin-left: 200px;">_____</span> Date</p> <p>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.</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 Independent School District

## Criminal History Record Information Addendum

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

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