

APPLICATION FOR EMPLOYMENT

(Non-Professional)

***Coleman I.S.D.
2302 S. Commercial Ave.
Coleman, TX 76834***

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

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Name	Maiden Name	
Address	Street	City	State	Zip Code
Telephone Number(s)	Social Security No. <i>(voluntary)</i>			
Email Address:				

Best time to contact you at home is: : ____ a.m./p.m.

If you are under 18 years of age, can you provide required proof
of your eligibility to work? ____ Yes ____ No

Have you ever been employed with us before: ____ Yes ____ No
If Yes, give date _____ Position _____

Are you currently employed? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this
country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. ____ Yes ____ No

Date available for work ____/____/____

Have you ever been convicted of a felony or misdemeanor involving moral turpitude, or
pled guilty or received deferred adjudication for such crimes? ____ Yes ____ No

Have you ever been arrested in connection with the above described crimes? ____ Yes ____ No

EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Specialized Skills (Check skills/equipment operated)

Microsoft Office Excel PC Windows
 Microsoft Word Ascender Typewriter
 Other _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Worked From To		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

1.	_____ () _____ (Name) Phone #
	_____ (Address)
2.	_____ () _____ (Name) Phone #
	_____ (Address)
3.	_____ () _____ (Name) Phone #
	_____ (Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at-will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I consent to any and all pre-employment background checks conducted for employment purposes.

Signature of Applicant

Date

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
_____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
_____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.

COLEMAN INDEPENDENT SCHOOL DISTRICT

Criminal History Information Request Confidential

The Coleman Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of ALL APPLICANTS.

The data below must be provided by the applicant to assist the district in obtaining criminal history information.

Full Name _____
(Please Print) Last First Middle Maiden

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issued _____

Sex: Male _____ Female _____ Ethnicity: Black _____ White/Other _____

I understand that 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.

Signature

Date

THIS FORM MUST BE COMPLETED AND RETURNED WITH APPLICATION

Criminal History Check:
Date run: _____
Cleared: _____
Initials: _____

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Coleman I.S.D.
Agency Name (Please print)

Mary Strickland
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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	