# EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL



NECHES ISD
PO BOX 310
NECHES, TEXAS 75779

E-mail applications to Brandi Tiner, Business Manager, at tinerb@nechesisd.net

Cory Hines, Superintendent 903-584-3311

## NECHES INDEPENDENT SCHOOL DISTRICT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

#### An Equal Opportunity Employer\*

Dat	Date of application				
Personal Data	Mailing address E-mail address Home phone Other name that r	Cell phone may appear on records reference, and criminal history record	City Of	ther phone	
Position Data	List the position(s) for which you are applying  Type of employment: □ Full-time □ Part-time □ Summer only  Date you can begin work  Have you been employed byISD in the past? □ Yes □ No  If you answered yes, provide dates of employment				
Special Skills	Include number of 12	software proficiency, and fyears of experience.	456		
	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		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		

## NECHES INDEPENDENT SCHOOL DISTRICT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Employer name and location			Employer location	name and			
Work Experience	Position/title held			Position/title held				
	Dates employed			Dates employed				
Work	Supervisor's name and phone				Supervisor and phone			
	Reason for leaving				Reason for	leaving		
	Please list reference	ces the	e district can	contact	regarding	your work	history.	
	Full name of reference	School district/ firm name		Mailing address		Position/title		Area code/ phone
nces								
References								
	List the highest lev	el of e	ducation atta	ained: _				
Licenses and certificates granted								
D								
Education/Training	Name and location of schools attended		Course of study and major/minor		Diploma, degree, certificate, or license granted			Year graduated
ation/								
Educ								

## NECHES INDEPENDENT SCHOOL DISTRICT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

	Do you have a relative who serves on the Board of Education or is an employee of ISD?			
	☐ Yes ☐ No If yes, please provide the relative's name and relationship:			
General Information	Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)?   Yes  No			
Gene	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.)			
	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.			
tion	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 required by Texas Education Code to review criminal history of applicants.			
	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 months. If you have not received a response during this time period, you may reapply or reactivate your application.			

<sup>\*</sup>Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), 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.

#### NECHES INDEPENDENT SCHOOL DISTRICT ADDENDUM FOR SCHOOL BUS DRIVERS

Used for all personnel who are required to have a CDL.

An Equal Opportunity Employer\*

	Name Phone number				
	Last First Middle initial Hours available for work Driver's license number Type				
Personal Data	Do you have a Texas School Bus Driver Training Certificate?				
	Have you ever had a driver's license suspended, revoked, or cancelled?   Yes No  If you answered yes, explain				
	Are there any criminal charges or proceedings pending against you?   Yes No If you answered yes, explain				
Background Check Information	In the past 10 years, have you:				
	<ul> <li>(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</li> <li>(2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations)</li> </ul>				
	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?				

#### NECHES INDEPENDENT SCHOOL DISTRICT ADDENDUM FOR SCHOOL BUS DRIVERS

	Provide your work history information a driver of a commercial motor vehico another sheet if necessary.		•			
Experience	Employer address and phone	Kind of work	Dates employed	Reason for leaving		
g Exp						
Driving						
Verification	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.					
	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 query the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse to obtain information about alcohol and drug testing results, 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.					
	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.					
	Signature		Da	te		

<sup>\*</sup>Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), 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.

#### Texas Education Agency Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

United	d States Federal Register (71 FR 44866)	the student's or staff member's ethnicity and race	
Part 1	. Ethnicity: Is the person Hispanic/Latino? (Cho	pose only one)	
	Hispanic/Latino – A person of Cuban, Mexican, P Spanish culture or origin, regardless of race.	uerto Rican, South or Central American, or other	
	Not Hispanic/Latino		
Part 2	. Race: What is the person's race? (Choose one	or more).	
	American Indian or Alaska Native – A person har and South America (including Central America), an attachment.	ving origins in any of the original peoples of North d who maintains a tribal affiliation or community	
	Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
	Black or African American – A person having origins in any of the black racial groups of Africa.		
	Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	☐ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
	Student/Staff Name (Please Print)	(Parent/Guardian)/(Staff) Signature	
	Student/Staff Identification Number	Date	

#### NECHES INDEPENDENT SCHOOL DISTRICT CRIMINAL HISTORY INFORMATION REQUEST

#### Confidential

The Neches Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.\*

Please print.					
Name					
	Last	Fir	st		
Social Security	Number				
Driver's License	<u> </u>				
	State and I				
Mailing Addres	S				
	Street	City	State	Zip	
Sex:	☐ Female	Ethnicity:	☐ Black ☐ White/	Other	
I understand th determine eligi history record i	bility for employmen	am providing about a t but will be used <i>so</i>	age, sex, and ethnicity value of the purpose of	will not be used to obtaining criminal	
Signature					
Date					

<sup>\*</sup> The information requested is required to complete a name-based criminal history information check with the Texas Department of Public Safety.

<sup>&</sup>lt;sup>†</sup> This form will be removed from the application and filed separately in the HR office.

### Pre-Employment Affidavit for Applicant (No Notarization) For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendre), 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:

0	I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
0	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 <u>false</u> . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
0	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 <b>true</b> . The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
Declai	ration of Applicant
	llowing affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 formployment affidavit, in accordance with Texas Civil Practices and Remedies Code section 1.
I decla	re under penalty of perjury that the foregoing is true and correct.

Date of Birth

Month

Year

County

Date

(Signature of Declarant)

Address (Street, City, State, Zip Code)

County

Name (First, Middle, Last)

Executed in

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.\*

County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_

State

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

Approved by the Texas Commissioner of Education, May 2020.

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

,				
I,, ac	, acknowledge that a Computerized Criminal			
APPLICANT or EMPLOYEE NAME (Please print)				
History (CCH) check may be performed by accessin	g 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 searc	th and only fingerprint record searches represent			
true identification to criminal history record information				
the criminal history check is not allowed to discuss v				
DOB method. The agency may request that I also h				
misidentification based on the result of the name and D				
	must make an appointment with the Fingerprint			
Applicant Services of Texas (FAST) as instruc				
Records/Review of Personal Criminal History or by cal				
submit a full and complete set of fingerprints, request a				
a fee of \$25.00 to the fingerprinting services company.	, 8 mg asset below, and pay			
	on my fingerprint criminal history record may be			
discussed with me.				
(This copy must remain on file by this agen	acy. Required for future DPS Audits)			
Signature of Applicant or Employee (optional)	Please:			
	Check and Initial each Applicable Space			
Date	CCH Report Printed:			
Agency Name (Please print)	YES NO initial			
rigolog reade (Flease pilit)	Purpose of CCH:			
A const Postcontation No.	T-1 1110			
Agency Representative Name (Please print)	Empl Vol/Contractor initial			
Signature of Agency Representative	Date Printed: initial			
erement of verifical rehievemental	Destroyed Date: initjal			

Date

Retain in your files