

Education (cont.)

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree Or Certificate	Year Graduated (College Only)

Work Experience

Beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

Special Skills

List specific skills and / or any machines or equipment you can operate. Include typing speed and number of years experience.

- 1. _____
- 2. _____
- 3. _____

- 4. _____
- 5. _____
- 6. _____

General Information

Do you have a relative who is a member of the Union Hill ISD Board of Education?

Yes No If yes, please give the name of relative and relationship:

Have you ever been convicted of a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)? Yes No

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

References

Please list below references who may be contacted regarding your work history. Please include all managers / supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District / Firm Name	Address	Position / Title	Phone with area code

Verification

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.

I authorize the references listed on the previous page 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 same to you.

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

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 a time period not to exceed two years. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

Texas Drivers Lic. # _____

Social Security # _____

Date of Birth _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)

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 \$ _____ the fingerprinting services company, L1Enrollment Services.

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

Agency Name (Please print)

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: _____		
Hired _____	Not Hired _____	_____ initial
Date Printed: ____/____/____		_____ initial
Destroyed Date: ____/____/____		_____ initial
Retain in your files		