



Clifton

INDEPENDENT SCHOOL DISTRICT

www.clifton.k12.tx.us

1102 Key Avenue, Clifton, TX 76634 (254) 675-CUBS (2827)

Employment Application for Service and Support Personnel

We consider Applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.

PERSONAL DATA

Date of Application _____ Social Security Number _____ - _____ - _____

Name _____

LAST

FIRST

MIDDLE INITIAL

Current Address _____

STREET/BOX

CITY

STATE

COUNTY

ZIP CODE

Other Address Where You May Be Reached _____

STREET/BOX

CITY

STATE

COUNTY

ZIP CODE

Work Phone _____ Home Phone _____ Cell Phone _____

Email Address _____

Name Used On Records If Different From Present Name _____

POSITION DATA

Position For Which You Are Applying _____

Type of Employment

Full-time

Part-time

Summer Only

Date Available _____ Former CISD Employee? Yes _____ No _____

If Yes, Dates of Employment _____

EDUCATION/TRAINING

Schools Attended: Check highest level attained.

Not High School Graduate. (Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

High School Graduate

GED

Two or More Years College

Bachelor's Degree

Master's Degree

Other Training or Education

Licenses/Certifications Held: _____

SCHOOL ATTENDED

List all applicable information:

Name of School and Location	Dates of Attendance	Course of Study Major/Minor Field	Diploma, Degree, or Certificate	Year Graduated

WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary.

School District/Firm Name	Position/Title	Salary/Wages	Dates Employed	Reason for Leaving

SKILLS

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

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

GENERAL INFORMATION

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying? Yes _____ No _____

If YES, Please explain: _____

Have you ever been convicted of a felony or any offense involving moral turpitude (including, but not limited to theft, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication? Yes _____ No _____

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

(CONVICTION OF A FELONY 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.)

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 work experience.

Full Name of Reference	School District or Firm Name	Mailing Address	Position/Title	Area Code/Phone Number

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I 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 22.083 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 period of time not to exceed 365 days. 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



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Addendum to Application

THE CLIFTON INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083).

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

Full Name: _____

Social Security Number: ____ - ____ - ____ D.O.B. ____ / ____ / ____

Driver's License Number: _____ State: _____

Please list any/all names that you have previously used, including nick names, maiden names, etc.

Sex: Male
 Female

Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Are you a United States Citizen? _____ Yes _____ No

Place of Birth: _____

Signature: _____ Date: _____

DPS Computerized Criminal History

I, _____, have been notified that a Computerized Criminal 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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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.

Please provide us with any / all names that you have previously used, including maiden name, etc:

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Office Use Only

CCH Report Printed:

YES _____ NO _____ Initial _____

Purpose of CCH _____

Hire _____ Not Hired _____ Initial _____

Date Verified _____ Initial _____

Retain in Specified Location