

SPURGER INDEPENDENT SCHOOL DISTRICT

P.O. Box 38, Hwy. 92 North

Spurger, Texas 77660

(409) 429-3464

Fax - (409) 429-3770

Auxiliary Application

NAME _____ DATE _____

SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ WORK _____

NAME USED ON RECORDS IF DIFFERENT FROM PRESENT NAME _____

POSITION APPLIED FOR _____

EDUCATION TRAINING

EDUCATION/TRAINING (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 _____

NON-TEACHING EXPERIENCE

List all employment since high school and any special training which you believe will contribute to your success as a SISD employee.

Position	Firm or Agency	Location	From	Dates	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If available, please attach your resume stating responsibilities in more detail.

ADDITIONAL INFORMATION

1. Do you have a relative who is a member of the Spurger ISD Board of Trustees?
_____ Yes _____ No If yes, provide name and relationship. _____
2. Do you have any physical or mental impairments which would interfere with your ability to perform the job for which you have applied? _____ Yes _____ No If yes, please explain. _____

3. Have you ever been a member of the armed services of the United States?
 Yes No If yes, does this experience have any relationship to the job for which you are applying? _____

4. 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: _____

5. Have you ever been involuntarily terminated or asked to resign from any employment?
 Yes No

REFERENCES

Give names previous employers who may be contacted regarding your work history.

Name of Reference	School District/Firm	Address	Position	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STATEMENT

MUST BE COMPLETED BY EACH APPLICANT. Please make a statement in your own handwriting concerning your reasons for desiring a position with the Spurger Independent school District.

VERIFICATION

READ CAREFULLY BEFORE SIGNING:

I hereby affirm that the 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 and any 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 Sec. 21.197 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 24 months. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are accepted at that time.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date of interview _____ Request papers _____

Interviewed by _____ Papers received _____

Comments _____

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

AN EQUAL OPPORTUNITY EMPLOYER

SPURGER INDEPENDENT SCHOOL DISTRICT

P.O. Box 38
Spurger, Texas 77660

CONFIDENTIAL

Spurger 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 First Middle

Social Security No. _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: ___ Male ___ Female Ethnicity: _____ Black _____ White/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.

Signature

Date

This form will be removed from the application and filed separately in the personnel office.

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

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.

APPLICANT or EMPLOYEE NAME (Please print)

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 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.

(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

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Date: _____