

NURSERY ISD
EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

*An Equal Opportunity Employer**
RETURN TO: P.O. Box 69, Nursery, TX 77976 Fax: 361-576-9212

Date of application _____				
Personal Data	Name _____ <i>Last First Middle initial</i>			
	Current address _____ <i>Street/Box City State ZIP Code</i>			
	Other address where you may be reached _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>			
Position Data	List the position(s) for which you are applying _____			
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only			
	Date you can begin work _____			
	Have you been employed by NURSERY ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, provide dates of employment _____				
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.			
	1. _____			
	2. _____			
	3. _____			
	4. _____			
	5. _____			
	6. _____			
Work Experience	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.			
	Employer name and address		Position/title held	
	Dates Employed		Supervisor's Name	
	Reason for leaving			
	Employer name and address		Position/title held	
	Dates Employed		Supervisor's Name	
	Reason for leaving			

NURSERY ISD
EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

Work Experience (cont.)	Employer name and address		Position/title held	
	Dates Employed		Supervisor's Name	
	Reason for leaving			
	Employer name and address		Position/title held	
	Dates Employed		Supervisor's Name	
	Reason for leaving			
	Please list references the district can contact regarding your work history.			
References	Full name of reference and position/title	School district/ firm name	Mailing Address	Area code/ phone number
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			

	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	
			Year graduated <i>(College only)</i>	
Name and location of schools	Course of study and	Diploma, degree, certificate, or license		
		Year graduated <i>(College only)</i>		

NURSERY ISD
EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of _____ ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
Verification	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;"> _____ Signature </p> <p style="text-align: center;"> _____ Date </p> <p>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.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), 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.*

NURSERY INDEPENDENT SCHOOL DISTRICT

Volunteer Criminal History Record Information Addendum

Confidential

The Nursery Independent School District is authorized by state law to obtain criminal history record information on applicants being considered for employment (Texas Education Code Section §22.083). The information requested below is necessary to obtain criminal history record information.

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a misdemeanor or felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

YES NO

(A criminal record is not an automatic bar to employment. The district will consider the nature, date and relationship between offense and the position for which you are applying. False information supplied on an application is, however, cause for disqualification/dismissal.)

Name				
	Last	First	Full Middle Name	Maiden
	Social Security Number	Driver's License No.	Type of Driving License (A, B, C, etc.)	Hair Color
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Ethnicity:	Eye Color
			<input type="checkbox"/> African American	
			<input type="checkbox"/> White	
			<input type="checkbox"/> Hispanic	
			<input type="checkbox"/> Other: _____	
Date of Birth	Birthplace	Weight		

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.

I consent to the Nursery ISD doing a criminal history check. yes no Date: _____
 (This serves as your signature.)

FOR OFFICE USE ONLY

Criminal Record Check

Date Returned: _____

Cleared: _____

Initials: _____

Email address: _____

Address: _____

City/State: _____

Phone where you can be reached: _____

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

THE REVERSE SIDE MUST BE COMPLETED

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge 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 identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Suchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history may be discussed with me.

In order to complete the 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Nursery Independent School District
Agency Name (Please print)

Christopher Ulcak, Superintendent
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: _____	
Employee _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

THE REVERSE SIDE MUST BE COMPLETED