



# **Dodd City ISD**

## **Application Support Staff**

**Dodd City ISD  
602 North Main Street  
Dodd City, TX 75438  
903-583-7585  
<http://www.doddcityisd.org>**

# Dodd City ISD Employment Application

## Service and Support Personnel

*An Equal Opportunity Employer\**

Date of application _____				
<b>Personal Data</b>	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
	Current address _____			
	<i>Street/Box</i>	<i>City</i>	<i>State</i> <i>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>				
<b>Position Data</b>	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 _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you answered yes, provide dates of employment _____			
<b>Special Skills</b>	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.			
	1. _____		4. _____	
	2. _____		5. _____	
	3. _____		6. _____	
<b>Work Experience</b>	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 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	

<b>Work Experience</b>	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	

<b>References</b>	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

<b>Education/Training</b>	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>

<b>General Information</b>	<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)? <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>_____</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>
<b>Verification</b>	<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.*

The district Title IX Coordinator is Craig Reed, Superintendent, 602 North Main Street & 903-583-3815.

**Human Resources Department  
Dodd City Independent School District**

**ADDENDUM TO APPLICATION FOR EMPLOYMENT  
CONFIDENTIAL**

**CRIMINAL HISTORY CHECK**

Notice to Applicant:

Pursuant to Senate Bill 9 adopted by the 80th Session of the Texas Legislature (2007) which established TEC Section 22.083-22.087 Local or Texas Regional Service Centers may obtain criminal history record on applicants for employment. I hereby am informed and authorize the Dodd City Independent School District to obtain criminal history record information.

I understand that I may be disqualified from obtaining employment with the Dodd City ISD if I have been convicted of a felony or any offense involving moral turpitude or for not disclosing any conviction to the Dodd City ISD as required. I understand that if I am employed by the Dodd City ISD I may be discharged from my position if the Dodd City ISD obtains information of my conviction for a felony or any offense involving moral turpitude or for not disclosing any conviction as required by the Dodd City ISD.

I confirm that the Dodd City ISD has informed me that under the Fair Credit Reporting Act I may review and challenge any negative criminal history data that has been deemed to adversely impact the decision to offer employment. I understand I will be provided the name, address, and telephone number of the reporting agency as well as the nature and substance of the criminal record information and the source. The information will be required only to obtain criminal history records. The form is not filed with the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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; Subchapter 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 record 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	