

MALAKOFF ISD APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

*1308 FM 3062 Malakoff, TX 75148
Ph 903-489-1152 Fax 903-489-2566
An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____			
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>	
	Mailing address _____			
	<i>Street Box</i>	<i>City</i>	<i>State</i>	
	<i>ZIP Code</i>			
E-mail address _____				
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 Malakoff 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. _____	4. _____		
	2. _____	5. _____		
	3. _____	6. _____		
	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.			
	Work Experience	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		

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Work Experience	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		
References	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
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>	



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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> <hr/> <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> <hr/> <hr/> <hr/> <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 align="center">_____</p> <p align="center">Signature _____ 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 Randy Perry 903-489-1152.



MALAKOFF INDEPENDENT SCHOOL DISTRICT

1308 FM 3062 ~ MALAKOFF, TX 75148
(903) 489-1152 PHONE ~ (903) 489-2566 FAX

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL - This form will be removed from the application and filed separately.

Malakoff Independent School District is required by state law to review the criminal history of applicants, employees, student teachers and volunteers. The information requested below is necessary to obtain criminal history record information.

Full name (Please print): _____
Last First Full Middle Name

Address: _____

Telephone #: _____

List any and all other name(s) previously used, including maiden name:

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Sex: ___ Male ___ Female

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

___ Hispanic/Latino ___ Not Hispanic/Latino

Part 2. Ethnicity: What is the person's race (Choose one or more)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

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. My signature authorizes the release of any and all police/criminal history information to Malakoff Independent School District.

Signature _____

Date _____

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> No Matching Records | <input type="checkbox"/> Matching Records |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved |

By: _____ Date: _____

MALAKOFF INDEPENDENT SCHOOL DISTRICT

1308 FM 3062 ~MALAKOFF, TX 75754

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, (printed name) _____, 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 date of birth information 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 (as listed below) conducting the criminal history check is not allowed to discuss any criminal history information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the name and date of birth search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

If I need to be fingerprinted, I have been made aware that in order to complete this process I must have the correct fingerprinting form (*FAST Fingerprint Pass*) from this agency, make an online appointment with Fingerprint Applicant Services of Texas (FAST) at www.identogo.com or by calling 1-888-467-2080, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company.

Signature of Applicant or Employee	<p style="text-align: center;">Please: Check and Initial each Applicable Space</p> CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial Purpose of CCH: _____ Date Printed _____ _____ initial Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial Destroyed Date: _____ _____ initial <input type="checkbox"/> Employment Applicant <input type="checkbox"/> Student Teacher <input type="checkbox"/> Volunteer <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Maintenance/Food Service <input type="checkbox"/> Bus Driver <p style="text-align: center;">Retain in your files</p>
Date	
MALAKOFF ISD	
Agency Name (Please print)	
Agency Representative Name (Please print)	
Signature of Agency Representative	
Date	

This copy must remain on file by your agency. Required for future DPS Audit

Every Student Succeeds Act (ESSA) Title I Paraprofessionals Hiring Requirements

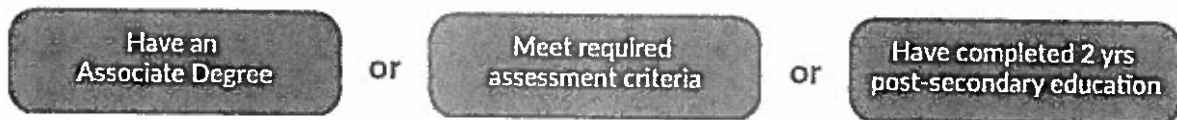
Program Description

Section 1111 (g) (2) (J) of the Every Student Succeeds Act (ESSA) requires that the State educational agency will ensure that all paraprofessionals working in a program supported with funds under Title I, Part A meet applicable State certification requirements. Additionally, Section 1111 (g)(2)(M) requires that the State has Professional Standards in place for paraprofessionals, "including qualifications that were in place on the day before the date of enactment of the Every Student Succeeds Act."

Hiring Requirement Options

Therefore, Local Education Agencies (LEAs) are required to have all instructional paraprofessionals in Title I schoolwide buildings and all instructional paraprofessionals who are funded by Title I and working in a Title I Targeted Assistance program meet hiring requirements.

The candidate must:



- Have obtained an associate (or higher) degree, or
- Have at least two years of post-secondary education that is equivalent to at least 48 semester hours from an accredited higher education institution, or
- Have met a rigorous standard of quality and be able to demonstrate knowledge of and the ability to assist in instructing reading, writing, and mathematics (or, as appropriate, reading readiness, writing readiness, and mathematics readiness) by taking and passing one of the required assessments.

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of Texas, on the _____ day of _____
County Date Month Year

(Signature of Declarant)

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this pre-employment affidavit.*

* This form will be removed from the application and filed separately in the HR office.
Approved by the Texas Commissioner of Education, October 2017.