

IREDELL INDEPENDENT SCHOOL DISTRICT
EMPLOYMENT APPLICATION

P.O. Box 39
Iredell, Texas 76649

Iredell I.S.D. and its career and technology education program does not discriminate on the basis of sex, disability, race, color, age, veteran status, national origin, or any other legally protected status in its educational programs, activities, or employment as required by Title IX, Section 504, and Title VI.

Date of Application _____ Social Security Number _____

Name _____
LAST FIRST MIDDLE

Current Address _____
STREET/BOX CITY STATE ZIPCODE

Alternative Address _____

Home phone number _____ Cell Phone Number _____

Name used on records if different from present name _____
For Reference Clerk

Position for which you are applying _____

Credentials included with application _____
____ Resume
____ All teaching and professional certificates (Front & Back if applicable)
____ All transcripts showing degrees

Date available _____ Former Iredell I.S.D. employee? Yes ___ No ___
If yes, give dates of employment _____

Are you currently employed? _____ If yes, where? _____

May we contact your employer? _____ Do you have a CDL drivers license? _____

Are you available to work: Fulltime _____ Part-time _____ Temporary _____

Work Experience	Employer and Location	Position/Title	Dates Employed	Reason for Leaving

Special Skills

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

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

General Information

- Are you aware of any reasons you would not be able to perform the duties of the position for which you are applying? yes no if yes, explain: _____

- Do you have a relative who is a member of the Iredell ISD Board of Education? yes no if yes, please give the name of the relative and relationship _____

- Have you ever been convicted of a felony or offense involving moral turpitude (including but not limited to theft, murder, swindling, and indecency to a minor? yes no If yes, please explain: _____

(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.)

Employment 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 performance.

Full Name of Reference	School District / Firm Name	Mailing Address	Position Title	Area Code / Phone No.

Personal Statement

Please make a statement in your own handwriting concerning your reasons for desiring a position with the **Iredell ISD**. (Use the back side of this page if necessary)

Verification

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.

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 parties from all liability for any damage that may result from furnishing same to you.

I understand that the district is required by Texas Education Code §21 .917 to obtain criminal history record information on applicants 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 ____ 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

ADDENDUM TO APPLICATION

Confidential

The Iredell Independent School District is required by state law to obtain criminal record information on all applicants for employment with the district (Texas Education Code Section #21.917), The information requested below is necessary to obtain criminal history record information.

Full Name _____
(Print) Last First Middle

Social Security No. _____ Date of Birth _____

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

APPLICANTS FOR A BUSDRIVING JOB - DRIVER LICENSE NUMBER: _____

EXPIRATION 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

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