

VALLEY VIEW ISD AUXILIARY/SUBSTITUTE APPLICATION

106 Newton Street/Valley View, TX 76272
940-726-3659/FAX 940-726-3614

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition or any other legally protected status. An Equal Opportunity Employer

Date: _____

Position Applying For: 1. Auxiliary (Full-Time Non-Professional) **Admin**____ **HS**____ **MS**____ **EL**____
Aide ____ Bus Driver____ Cafeteria____ Custodial____ Maintenance____ Secretary____
2. Substitute Teacher **HS**____ **MS**____ **EL**____
3. Substitute Bus____ Cafeteria ____ Custodian____ Maintenance____

Name: Last _____ First _____ Middle _____ Maiden _____

Mailing address: _____
Street/PO Box City State Zip

Work Phone _____ Home Phone _____ Cell # _____

Email Address: _____

Highest level of school attended _____ Other educational or professional training _____

Attach a copy of HS diploma, or GED, or College Transcript, and/or Texas Certification.

Do you have a relative who is a member of the Valley View ISD Board of Trustees? Yes ____ No ____

If yes, please provide the name of the relative and the relationship:

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

Yes ____ No ____

If yes, please state where, when, and the nature of the offense.

(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.)

Work experience beginning with the last place worked:

Employer	Address	Phone	Work Done	Dates Employed

Give at least five references that have first hand knowledge of your character, personality, and working abilities:

Name	Address	Phone

May we contact previous employers and references? Yes ____ No ____

VALLEY VIEW INDEPENDENT SCHOOL DISTRICT

CRIMINAL HISTORY RECORD AND CERTIFICATION INFORMATION AUTHORIZATION

NAME: _____
Last First Middle Maiden

SOCIAL SECURITY # : _____

DRIVER'S LICENSE # : _____ STATE: _____

SEX: _____ RACE: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____
City County State

I authorize the Valley View Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency. I authorize the Valley View ISD to obtain my certification from State Board for Educator Certification. I understand the district will use said information for the purpose of evaluating my application for employment.

By my signature hereon, I signify that I understand that my employment with the Valley View Independent School District is contingent upon receipt of a satisfactory criminal background investigation report. I understand that an unsatisfactory criminal background investigation report will be full justification for termination of employment with the school district.

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.

Signature of Applicant: _____ Date: _____

TEC §22.083 Access to Criminal History Records

A school may obtain criminal history from any law enforcement or criminal justice agency all criminal history record information that relates to a person:

- (1) whom the district, school, service center or shared service arrangement intends to employ in any capacity;*
- or*
- (2) who has indicated, in writing, an intention to serve as a volunteer with the district, school, service center, or shared service arrangement.*

The superintendent of a school district shall promptly notify the State Board for Educator Certification in writing if the person obtains or has knowledge of information showing that an applicant for or holder of a certificate issued under Subchapter B, Chapter 21, has a reported criminal history.

Added by Acts 1995, 74th Leg., ch. 260, §1, eff. May 30, 1995

THIS FORM WILL BE REMOVED FROM THE APPLICATION AND FILED SEPARATELY IN THE PERSONNEL OFFICE.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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	