

BOSQUEVILLE INDEPENDENT SCHOOL DISTRICT

7636 Rock Creek Road - Waco, TX 76708 (254)757-3113 www.bosqueville.k12.tx.us

Application for Auxiliary Personnel

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

An Equal Opportunity Employer

PERSONAL DATA

Date of Application: _____ Date available to begin: _____ Social Security #: _____

Full Legal Name: _____
First Middle Last (Other name that may appear on records)

Current address: _____

Other address where you may be reached: _____

Work phone: (____) _____ Home phone: (____) _____ Cell phone: (____) _____

Email address: _____

List the position(s) for which you are applying: _____

Former Bosqueville ISD employee? Yes No If yes, when? _____ Under what name? _____

Reason for leaving: _____

EDUCATION/TRAINING

Check the highest level of education attained:

- High School Graduate
- Not a High School Graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
- Less than two years of college
- Two or more years of college
- For classroom/instructional aides – have passed a rigorous exam demonstrating mastery in reading, writing and mathematics

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license earned
High School	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College/University		

WORK EXPERIENCE

List any work experience you have had. Start with your present or last job.

Company/firm name	Job Title	Date employed		Reason for leaving
		Begin	End	
Address	Supervisor/Phone	Hourly Rate/Salary		Work Performed
		Starting	Final	
Company/firm name				
Company/firm name	Job Title	Date employed		Reason for leaving
		Begin	End	
Address	Supervisor/Phone	Hourly Rate/Salary		Work Performed
		Starting	Final	
Company/firm name				
Company/firm name	Job Title	Date employed		Reason for leaving
		Begin	End	
Address	Supervisor/Phone	Hourly Rate/Salary		Work Performed
		Starting	Final	
Company/firm name				
Company/firm name	Job Title	Date employed		Reason for leaving
		Begin	End	
Address	Supervisor/Phone	Hourly Rate/Salary		Work Performed
		Starting	Final	

GENERAL INFORMATION

Do you have a relative who serves on Bosqueville ISD Board of Trustees? Yes No

If "yes", please provide the relative's name and relationship: _____

Please list any languages (other than English) that you can speak, read or write fluently? _____

List any special/technical skills or knowledge you can contribute to our district: _____

Have you ever been convicted of, 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, and 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.)

REFERENCES

Please list references that are most familiar with your professional skills and abilities. Be sure to include your most recent immediate supervisor(s) (principal, superintendent, etc.). You may wish to list additional references from department heads, team leaders, curriculum specialists, professors, etc.

Please list most recent references first.

Name/Title: _____

Name/Title: _____

Street or PO Box #: _____

Street or PO #: _____

City, State, Zip: _____

City, State, Zip: _____

Area Code/Phone#: _____

Area Code/Phone#: _____

Name/Title: _____

Name/Title: _____

Street or PO Box #: _____

Street or PO #: _____

City, State, Zip: _____

City, State, Zip: _____

Area Code/Phone#: _____

Area Code/Phone#: _____

SUBSTITUTES

If you are interested in substituting, please indicate the day(s) available and your assignment preferences.

Day(s) of week: Every day **OR** Monday Tuesday Wednesday Thursday Friday

Assignment: Any campus **OR** PK-5 6-8 9-12 Special Education

In the space provided below, please describe written statement of why you wish to be employed by Bosqueville ISD:

Disposition of Application

This application becomes the property of the District. The District reserves the right to accept or reject the application. Applications will be retained and updated for a one-year period, after which the applicant must notify the Personnel Office of his/her desire to remain in an active status. It is the applicant's responsibility to advise the Personnel Office of any change of name, address, or other status while his/her application is active.

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 on the previous page to provide Bosqueville ISD 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 the District.

I understand that the District is authorized by Texas Education Code §22.083 to obtain criminal history record information on all applicants the District intends to employ.

Signature

Date

"Building Foundations For Tomorrow Through Education Today"

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, 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 DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of ~~\$47.50~~ to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

BOSQUEVILLE ISD
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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



James Skeeler, Superintendent
Catherine Boren, Business Manager
Cliff Heath, High School Principal
Sara Mynarcik, Middle School Principal
Kelly Bray, Elementary Principal

Criminal History Record Information

The Bosqueville Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle Maiden

Social Security Number _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black
 White/Other
 Hispanic
 Am Indian/Alaskan Native
 Asian/Pacific Islander

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

Date