

Lazbuddie Independent School District

Phone (806)965-2156 Fax (806)965-2892
 PO Box 9
 Lazbuddie TX, 79053

Employment Application for Service and Support Personnel

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, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of Application _____ Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial </div> Current Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street/Box City State Zip </div> Other Address where you may be reached _____ Work Phone No. _____ Home Phone No. _____																
Position Data	Position for which you are applying _____ Type of Employment: Full-time _____ Part-time _____ Summer Only _____ Date Available _____ Former Lazbuddie ISD Employee: yes _____ no _____ If yes, give dates of employment _____																
Education/Training	Check highest level attained. <input type="checkbox"/> Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> High school graduate <input type="checkbox"/> GED <input type="checkbox"/> Less than two years in college <input type="checkbox"/> Two or more years college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Other Training or education _____ Licenses/Certifications held _____ _____ _____ Schools Attended: List all applicable information. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name of School and Location</th> <th style="width: 25%;">Course of Study Major/Minor Fields</th> <th style="width: 25%;">Diploma, Degree, or Certificate</th> <th style="width: 25%;">Year Graduated (College Only)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree, or Certificate	Year Graduated (College Only)												
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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 your performance.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position Title	Area Code/ Phone Number

General Information

Please make a statement in your own handwriting concerning your reasons for desiring a position with the Lazbuddie 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 falsification, 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 pages 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 same to you.

I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants selected 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 60 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

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary. [Bus driver applicants, see Addendum]

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, please explain: _____
- _____
- _____
- Do you have a relative who is a member of the Lazbuddie ISD Board of Education? Yes No If yes, please give the name of the relative and their relationship to you.
- _____
- _____
- Have you ever been convicted of 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 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.)

Lazbuddie Independent School District

Addendum for School Bus Driver Applicants Only

Each person who applies to be a bus driver must provide the following information at the time of application.

Note: Bus drivers are required to have a physical examination and an alcohol and drug screening test.

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Personal Data	<p>Applicant's Name _____</p> <p>Telephone No. _____ Hours Available to work _____</p> <p>Driver's License No. _____ Type _____ School Bus Certification <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a license suspended, revoked, or cancelled? If yes, explain on back. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any criminal charges or proceedings pending against you? If yes, explain on back. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of any serious traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state where, when, and nature of the offense on back of form.</p> <p>In the past two years, have you failed an alcohol or drug test given by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on back of form.</p>																																				
Work Experience	<p>Specify work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List most recent experience first. Use back side if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Employer Address and Phone</th> <th style="width: 25%;">Kind of Work</th> <th style="width: 25%;">Dates Employed</th> <th style="width: 25%;">Reason for Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Employer Address and Phone	Kind of Work	Dates Employed	Reason for Leaving																																
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Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my applications for dismissal from subsequent employment.</p> <p>I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to the date of this application.</p> <p>Furthermore, I authorize this information provided above to be used, and previous employers may be contacted for investigation purposes and that all parties are released from any liability for any damage that may result from furnishing information to you.</p> <p style="text-align: right; margin-right: 100px;"> _____ Signature of Applicant Date </p>																																				

Confidential*

The Lazbuddie 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

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

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

* This form will be removed from the application and destroyed after its initial use

DPS Computerized Criminal History (CCH) Verification

(DISTRICT COPY)

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

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 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 LI 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 \$24.95 to the fingerprinting services company, LI 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.

Signature of Applicant or Employee

Date

Lazbuddie ISD
Agency Name (Please print)

Terri Loudder
Agency Representative Name (Please print)

Signature of Agency Representative

Please:
Check and Initial each Applicable Space

CCH Report Printed:		
YES	NO	_____ initial
Purpose of CCH: _____		
Hire	Not Hired	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		

