

**DIBOLL ISD APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

*An Equal Opportunity Employer\**

Date of application _____			
<b>Personal Data</b>	Name _____		
	<i>Last</i>	<i>First</i>	<i>Middle initial</i>
	Current address _____		
	<i>Street/Box</i>	<i>City</i>	<i>State</i>
	<i>ZIP Code</i>		
Other address where you may be reached _____			
Home phone _____ Cell phone _____ Other phone _____			
Other name that may appear on records _____			
<i>(Used for certification, reference, and criminal history record checks)</i>			
<b>Position Data</b>	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 <u>Diboll ISD</u> in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If you answered yes, provide dates of employment _____		
<b>Special Skills</b>	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.		
	<b>Work Experience</b>	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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<b>General Information</b>	<p>Do you have a relative who serves on the Board of Education or is an employee of <u>Diboll ISD</u>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <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> <p>_____</p> <p>_____</p> <p>_____</p> <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>
<b>Verification</b>	<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">_____ Signature</p> <p align="center">_____ 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 6 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 Shanna Powers P.O. Box 550 Diboll, TX 75941 (936) 829-4718.



# Diboll Independent School District

## CRIMINAL HISTORY RECORD CHECK

**\*\*Confidential\*\***

The Diboll Independent School District is required by state law to obtain criminal history record information on all applicants the district intends to employ (Texas Education Code Section 22.083), and all school volunteers and/or contractors (by policy GKG Local). The information requested below is necessary to obtain criminal history record information.

Full Name (print) \_\_\_\_\_  
Last First Middle I

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Sex:  Male  Female

Ethnicity: \_\_\_\_\_ (1) American Indian or Alaskan Native  
\_\_\_\_\_ (2) Asian or Pacific Islander  
\_\_\_\_\_ (3) Black, not Hispanic  
\_\_\_\_\_ (4) Hispanic  
\_\_\_\_\_ (5) White, not Hispanic

Valid Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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 \_\_\_\_\_

\*Have you completed Senate Bill 9 Fingerprints through TEA for another school district?  
 Yes - Name used if different: \_\_\_\_\_  No

Please check applicable:

- Applicant for Employment
- Applicant for Substitute
- Volunteer
- Contracted Services \_\_\_\_\_
- Other: \_\_\_\_\_

**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

Diboll ISD - Administration

\_\_\_\_\_  
 Agency Name (Please print)

Jana Coulter, HR

\_\_\_\_\_  
 Agency Representative Name (Please print)

\_\_\_\_\_  
 Signature of Agency Representative

\_\_\_\_\_  
 Date

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