



# Fayetteville Independent School District

P.O. Box 129, 618 Rusk Street  
Fayetteville, Texas 78940-0129  
(979) 378-4242 FAX (979) 378-4246

Date of Application \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
Street Address    City    State    Zip Code

Home Phone Number \_\_\_\_\_ Business/Message Phone Number \_\_\_\_\_

**TITLE OF POSITION APPLIED FOR:** \_\_\_\_\_

If offered a position, when would you be available for work? \_\_\_\_\_

Do you have a relative who is either a member of the Fayetteville ISD Board of Education or who is employed in any capacity in the Fayetteville ISD?    Yes    No   If yes, please give the following information:

Name of Relative	Relationship	Position Held

Are you authorized to work in the United States?    Yes    No

Have you ever been convicted of a crime?    Yes    No

Have you ever been asked to resign or been discharged through due process from any position, teaching or otherwise?  
 Yes    No   If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Criminal convictions are not an absolute bar to employment, but a false statement is. The District will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.)

High School Diploma or Equivalent:  Yes  No

<u>College/University (Name &amp; Location)</u>	<u>Years Attended</u>	<u>Major</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Start with your present or most recent position and work back. If you were employed under a different name provide that name for each position applicable. Account for periods of unemployment. Attach a resume or additional sheet if needed.

Name of Company/Organization \_\_\_\_\_ Date Employed \_\_\_\_\_

Street Address	City	State	Zip Code
_____	_____	_____	_____
Job Title _____			
Salary _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Name, Title, and Phone number of immediate Supervisor _____			
Reason for leaving _____			
_____			
_____			

Name of Company/Organization \_\_\_\_\_ Date Employed \_\_\_\_\_

Street Address	City	State	Zip Code
_____	_____	_____	_____
Job Title _____			
Salary _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Name, Title, and Phone number of immediate Supervisor _____			
Reason for leaving _____			
_____			
_____			

Name of Company/Organization \_\_\_\_\_ Date Employed \_\_\_\_\_

Street Address	City	State	Zip Code
_____	_____	_____	_____
Job Title _____			
Salary _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Name, Title, and Phone number of immediate Supervisor _____			
Reason for leaving _____			
_____			
_____			

Provide at least three work/professional references that are not relatives

Full Name	Address	Phone Number	Occupation
<hr/>			
<hr/>			
<hr/>			

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

I certify that all the information in this application (and accompanying resume or supplemental sheet, if any) is true and correct, and I further understand that any misstatement or omission of information may be grounds for disqualification or immediate dismissal.

I authorize all persons listed to give the District any and all information regarding my previous employment and education and any other pertinent information they may have, personal or otherwise, and release all parties, such persons, and the District from liability for any damage that may result from furnishing same to the District.

I understand that, if employed, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Fayetteville Independent School District is an equal opportunity employer and does not discriminate against persons because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. FISD prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodation for employees with a disability.

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## CRIMINAL RECORD RELEASE AUTHORIZATION

House Bill 1752, 67<sup>th</sup> Legislature gives political subdivisions (schools) authority to obtain from the Texas Department of Public Safety or from local law enforcement agencies the records of any convictions of any person applying for positions from the requesting school district.

I hereby authorize any and all law enforcement agencies in the State of Texas to release any and all history that I may have to Fayetteville Independent School District.

I understand that the only purpose of obtaining such information is for the evaluation of my credentials for employments.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity/Race \_\_\_\_\_

Driver License Number \_\_\_\_\_

# 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

<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>	