

D'Hanis Independent School District

P.O. Box 307
D'Hanis, Texas 78850

Office: 830-363-7215
Fax: 830-363-8116

Employment History: Give a record of each employment you have held at least for the past five (5) years that pertains to the position to which you are applying. Start with your present employer and work back through previous positions.

| Name and Address of Firm/Organization | Period of Service (give exact dates) | Type of Work | Reason For Leaving Position | Hourly Rate Or Monthly Salary |
|---------------------------------------|--------------------------------------|--------------|-----------------------------|-------------------------------|
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Conviction of a crime is not an automatic bar from employment. D'Hanis ISD 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. A Criminal History Check Authorization and Information form is enclosed with this application. Complete all of the Criminal History Information requested, sign and date the Authorization and Acknowledgement, and include the form when you submit this application to DISD.

Failure to disclose information regarding conviction or deferred proceedings for any offense may be grounds for disqualification of your application for consideration for employment, or if employed, for termination of your employment.

Education: High School Graduate Yes No
 GED Attained Yes No
 Number of College Hours _____

| Name and Address | Dates Attended | Diploma, Degree, Certificate |
|--------------------|----------------|------------------------------|
| High School | | |
| Vocational School | | |
| College/University | | |
| Business College | | |
| Nursing School | | |
| Other | | |

Use additional sheets if necessary

The D'Hanis Independent School District does not discriminate in employment on the basis of race, color, religion, national origin, sex, age, marital or veteran status, or the presence of a handicap or disability.
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References: At least three (3) references must be supplied, including full name and address. These should include employers and others under whom you have worked or who have first-hand knowledge of your character, personality, scholarship, or working ability. DO NOT LIST RELATIVES.

| Name and Address | Organization | Telephone | Address/Zip Code |
|------------------|--------------|-----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Comments: Provide any additional information that might qualify you for the position you seek.

Whom may we contact if we are unable to reach you during the application process?

| Name | Address | Telephone |
|------|---------|-----------|
| | | |

Are you related, in any way, to any member currently serving on the DISD School Board or an employee of the department to which you are applying? Yes No

If yes, please explain: _____

AFFIRMATION AND ACKNOWLEDGMENT

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR OMISSION MAY BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR DISCHARGE IF I HAVE BEEN EMPLOYED. Furthermore, it is understood that this application becomes the property of D'Hanis ISD which reserves the right to accept or reject it.

I hereby apply for employment with the D'Hanis Independent School District, and give the District permission to make inquiries of references and former employers concerning my general character and past performance, including permission to obtain criminal history information from any law enforcement (local, state or national) pursuant to Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). I hereby give you permission to obtain references, placement folder information, and information, which becomes part of this record, may be revealed to all persons who participate in the selection of employees. In signing this application, I understand that all references and personal information become part of this application and is considered confidential and will not be revealed to me.

Applicant's Signature

Date

CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM

| |
|--|
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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 \$24.95 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

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: _____ | |
| Hire _____ | Not Hired _____ _____ initial |
| Date Printed: _____ | _____ initial |
| Destroyed Date: _____ | _____ initial |
| Retain in your files | |

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO CONSIDERATION FOR EMPLOYMENT OR CONTINUED EMPLOYMENT, EXCEPT WHERE EMPLOYMENT IS PROHIBITED BY TEXAS LAW FOR CERTAIN CONVICTIONS; FOR OTHER OFFENSES, FACTORS SUCH AS THE DATE OF THE OFFENSE, THE TIME PERIOD BETWEEN THE OFFENSE AND THE PRESENT, THE NATURE AND SERIOUSNESS OF THE OFFENSE, AND REHABILITATION WILL BE CONSIDERED BY D'HANIS INDEPENDENT SCHOOL DISTRICT.

CRIMINAL HISTORY INFORMATION

Applicants for employment and employees of D'Hanis Independent School District are requested to complete this Criminal History Information form in compliance with Chapter 22, Subchapter C of the Texas Education Code (or as subsequently revised). The information will be used solely for the purpose of assisting DISD in conducting a Criminal History Check (local, state and national). Failure to provide all the information requested may result in rejection of an applicant or discipline, up to and including termination, of an employee.

Name: _____ Social Security: _____

Date of Birth: _____ DL# _____ DL State _____

Male Female Ethnic Identifier: _____

Use additional sheets if necessary, to respond to the following:

If less than 5 years at above address, provide each former street address/city/state/zip code for the past 10 years.

Provide all aliases or former names, including maiden names, and their dates of use.

Have you ever pled guilty or nolo contendere (no contest) to or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes No

If yes, provide complete information of all criminal offenses, including dates, location (city and state), and disposition.

CRIMINAL HISTORY CHECK AUTHORIZATION AND INFORMATION FORM (cont)

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If you are **currently** serving any of the following for any criminal offense, check the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pretrial diversion/intervention | <input type="checkbox"/> Community supervision | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Probation without adjudication of guilt | <input type="checkbox"/> Probation | <input type="checkbox"/> Deferred adjudication |

For each box checked, provide complete information on the criminal offense, current status, and expected date of completion.

If you **previously** served any of the following for any criminal offense, check the appropriate box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pretrial diversion/intervention | <input type="checkbox"/> Community supervision | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Probation without adjudication of guilt | <input type="checkbox"/> Probation | <input type="checkbox"/> Deferred adjudication |

For each box checked, provide complete information on the criminal offense, current status, and expected date of completion.

AUTHORIZATION AND ACKNOWLEDGMENT

I have read and understand this form. I certify that the information and representations provided by me are true, correct, complete, and contain no omissions. I understand that false, incorrect, misleading or incomplete information on this form may result in rejection of my application or termination if employed.

I understand that D'Hanis Independent School District (DISD) may request a local, state and national Criminal History Check (CHC). DISD is required to submit certain identifying information to obtain this CHC. I hereby authorize the use of the information provided herein for this investigation. I understand and agree that if hired, this authorization and acknowledgement shall remain valid and shall serve as an ongoing authorization for DISD and its agents to obtain a CHC for employment at any time during my employment.

I understand that the information provided will be used only to obtain the CHC. I also understand that additional information, including fingerprints, may be required to complete the CHC. I agree to provide additional information, including fingerprints, if requested by DISD. I understand that if the CHC discloses a conviction or other action which would make me unsuitable for employment in the position for which I have applied or in which I am working then I may be considered ineligible for employment.

Applicant/Employee Signature

Date

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