

# ALVORD INDEPENDENT SCHOOL DISTRICT

PO BOX 70, ALVORD, TEXAS 76225  
 PHONE: 940-427-5975      FAX: 940-427-2313  
 AN EQUAL OPPORTUNITY EMPLOYER\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  

Last
First
Middle

Address: \_\_\_\_\_  

Street/PO Box
City
State
Zip Code

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  

Name
Phone

Are you related to any member of the Board of Trustees of the Alvord Independent School District? \_\_\_\_\_

If Yes, please explain the relationship. \_\_\_\_\_

Have you filed an application with this school district before? \_\_\_\_\_ If YES, give particulars \_\_\_\_\_

## EDUCATION

| Level       | Name and Location of School | Dates | Degree/Diploma |
|-------------|-----------------------------|-------|----------------|
| High School |                             |       |                |
| College     |                             |       |                |
| Other       |                             |       |                |

## LIST THREE CHARACTER REFERENCES

Do not list relatives.

| Name | Address | Phone | Occupation | Place of Employment |
|------|---------|-------|------------|---------------------|
|      |         |       |            |                     |
|      |         |       |            |                     |
|      |         |       |            |                     |

|                                     |   |
|-------------------------------------|---|
| <b>Personal Data</b>                | <p>Each person who applies to be a bus driver must provide the following information at the time of application.<br/> <b>Note: Bus drivers must pass a physical examination annually.</b></p> <p>Hours available for work _____ Driver's license number _____ Type _____</p> <p>Do you have a Texas School Bus Driver Training Certificate?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Have you ever had a driver's license suspended, revoked, or cancelled?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |
| <b>Background Check Information</b> | <p>Are there any criminal charges or proceedings pending against you?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In the past 10 years, have you:</p> <p>(1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or</p> <p>(2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations)   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In the past two years, have you failed an employer's alcohol or drug test?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

|                           |  |              |                |                    |
|---------------------------|--|--------------|----------------|--------------------|
| <b>Driving Experience</b> | Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.  |              |                |                    |
|                           | Employer address and phone   | Kind of work | Dates employed | Reason for leaving |
|                           |  |              |                |                    |
|                           |  |              |                |                    |
|                           |  |              |                |                    |
|                           |  |              |                |                    |
|                           |  |              |                |                    |
|                           |  |              |                |                    |
| <b>Verification</b>       | <p>I hereby affirm that all information provided in this addendum 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 understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.</p> <p style="text-align: right;">           _____<br/>           Signature         </p> <p style="text-align: right;">           _____<br/>           Date         </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.*

**A COPY OF VALID DRIVER'S LICENSE OR PHOTO ID MUST BE ATTACHED  
CRIMINAL HISTORY INFORMATION REQUEST**

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**Confidential**

The Alvord 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 filed separately in the HR office.



**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:</b><br><b>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>                                      |               |