

Employment and Location	Position/Title	Dates Employed	Reason for Leaving

List specific skills and/or any machines or equipment you can operate. Include typing speed and number of years of experience.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Do you have a relative who is a member of the Santa Maria ISD Board of Trustees?

Yes _____ No _____

If yes, please give the name of the relative and the relationship:
Name _____ Relationship _____

Have you ever been convicted of a felony or offense involving moral turpitude? (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor) Yes _____ No _____

If yes, please state where, when, and the nature of the offense:

(Conviction of a felony is not an automatic bar to employment. The District will consider the nature, date, and the relationship between the offense and the position for which you are applying.)

Please list below references who may be contacted regarding your work history. Please include all Manager/Supervisors at the last two employing organizations who evaluated or supervised your performance.

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

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 commissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page 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 authorized by Texas Education Code § 22.083 (b) 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 will be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at the time.

Signature of Applicant

Date

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The 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, _____, 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	