

Lockhart Independent School District

Athletic Event Staff

Applicants interested in Athletic Event Staff positions
should contact or submit an Application to:

LISD Human Resources Department

P. O. Box 120

Lockhart, Texas 78644

Email: hr@lockhart.txed.net

Employee Rights and Responsibilities
under the Family and Medical Leave Act available at:
www.wagehour.dol.gov

An Equal Opportunity Employer

08/08/2013

LOCKHART INDEPENDENT SCHOOL DISTRICT
P.O. Box 120, Lockhart, Texas 78644 / Phone: (512) 398-0350

Athletic Event Staff Application

(Notice: Lockhart ISD is required to conduct a Criminal History Check prior to the Athletic Event requested)

Name: _____
Last First MI Social Security Number Date of Birth

Address: _____
Street/Route/P.O. Box City State Zip Code

Telephone Number _____ Alternate Telephone Number _____

Emergency Contact _____
Name Telephone

Check all the positions for which you feel you are qualified:

<u>Gate Worker:</u>	<u>Clock/Scoreboard Operator:</u>	<u>Scorebook:</u>	<u>Announcer:</u>
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Football
<input type="checkbox"/> Football (JH,Fr,JV)	<input type="checkbox"/> Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> (JH,Fr, JV)
<input type="checkbox"/> Basketball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Soccer	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Softball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Baseball	<input type="checkbox"/> VB-Libero	<input type="checkbox"/> Baseball
<input type="checkbox"/> Softball	<input type="checkbox"/> Softball	<input type="checkbox"/> Tracker	
<input type="checkbox"/> Track			

Varsity Football Game Workers:

☐ Parking Lot Attendants ☐ Ushers ☐ Bus Area Attendant ☐ Football Scoreboard Computer

Are you currently working for Lockhart ISD? _____ Which position(s)? _____

If you are related to the current superintendent and/or any board member(s), please provide the name(s) and telephone number(s) of the relative(s):

Name(s): _____ Phone Number(s): _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

AGREEMENT

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. I also understand that Lockhart ISD is required by Texas Education Code 21.917 to obtain criminal history record information on all applicants. Your lack of permission to obtain this information deems your application incomplete.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Information Requested:

Information Received:

Clearance Granted:

Asst. Supt. for HR initials:

Athletic Director's Initials:

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

LOCKHART ISD

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	