# TRAVIS UNIFIED SCHOOL DISTRICT



Reaching beyond the boundaries to build a community of learners.

### Tiffany Benson Superintendent

2751 De Ronde Drive Fairfield, CA 94533 (707) 437-4604

#### **Cambridge Elementary School** 100 Cambridge Drive, Vacaville

100 Cambridge Drive, Vacaville (707) 446-9494

#### Center Elementary School 3101 Markeley Lane, Fairfield (707) 437-4621

### **Foxboro Elementary School** 600 Morning Glory Drive, Vacaville (707) 447-7883

**Golden West Middle School** 2651 De Ronde Drive, Fairfield (707) 437-8240

### Scandia Elementary School 100 Broadway Street, Travis AFB (707) 437-4691

### **Travis Community Day School** 2785 De Ronde Drive, Fairfield (707) 437-8265

### **Travis Elementary School** 100 Fairfield Avenue, Travis AFB (707) 437-2070

# **Travis Education Center** 2775 De Ronde Drive, Fairfield (707) 437-8265

### **Vanden High School** 2951 Markeley Lane, Fairfield (707) 437-7333

### **Governing Board**

Mindy Beyer Matthew Bidou Ivery Hood Manveer Sandhu Will Wade Welcome to Travis Unified School District and thank you for supporting our students and staff.

Before we can provide you with access to the resources to effectively complete your responsibilities as a contractor/ intern, please complete the following documents required by the Human Resources Department.

The following documents that should be signed, printed, and submitted to HR prior to your first day on campuses. A scheduled Live Scan appointment with the District Office will be the expected opportunity to submit the completed forms.

Applicant Data Record

Application

Personnel Data Record

Child Abuse Reporting Requirements

Oath of Allegiance

Request of Live Scan Service

Employee Use of Technology - Acknowledgment

Copies Include:

- o Negative TB results\*
- o Drivers License and SSN Card

To schedule a Live Scan appointment with the District Office, visit https://calendly.com/tusdlivescan/livescan to select a time to meet the final requirements.

\*Tuberculosis results must have been read within the last four (4) years of applying.

Additionally, we are required to provide you with certain legal notifications annually to meet federal and state requirements, the Ed Code, and our own District Policy. The annual notices listed below are available online for you to review on our website at <a href="https://www.travisusd.org">https://www.travisusd.org</a> under Board, subpage Board Policies.

### **Board Policies and Administrative Regulations**

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### TRAVIS UNIFIED SCHOOL DISTRICT APPLICANT DATA RECORD

Qualified applicants are considered for all positions without regard to race, color religion, sex , national origin, age, marital or veteran status, medical condition or handicap.

The Travis Unified School District is an Equal Opportunity Employer.

				nents, the District requests that you fill the application for Employment.	
Date:					
Position(s) Applied For:					
(/ 11					
N				DI.	
Name:Last	First		– M.I.	Phone:	
Address:					
Number S	treet	Ci	ty	State Zip co	de
Gender: Female	Male	Non-binary	Unde	eclared	
					_
		Race/ Ethnic G	Group:		
A 6.: A	Г	Hawaiian	1	Other Pacific Islander	
African America		=		$\vdash$	
American India	ı /Alaskan	Hispanic		Pacific Islander	
Asian Indian	Ļ	Hmong		Samoan	
Cambodian	Ļ	Japanese		Tahitian	
Chinese		Korean		Vietnamese	
Filipino		Laotian		White	
Guamanian		Other Asian		Decline to State	
	_				
Check if any of the following	; are applicable:				
Air Force	Marines		Active	Military Vietnam Era Veteran	
Army	Navy		Retired	l Military Disable Veteran	
Coast Guard	Space For	rce	Handic	capped	
Referral Source:	Advertisem	nent [	Friend	EdJoin	
		Placement Office		<u> </u>	
	Sinversity	1 meement Office	Relativ	ore Other	

In addition to the federal minimum individual categories, California Government Code Section 8310.5 requires state agencies to collect data for each major Asian and Pacific Islander group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Hawaiian, Guamanian, and Samoan.

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# CONTRACTOR/ INTERN APPLICATION

2751 DeRonde Drive, Fairfield, CA 94533-9710 (707) 437-4604 Fax (707) 437-3378

ERSONAL DATA						(Please Print or
ast Name		First			Middle	·
Present Address		City		Zip	Email Address	
elephone Number		Cell Phone Number		Do You H Yes 🗌	│ lave Base Access? No □	
DUCATION - Please lis	st the follow	ing in order of atten	idance. The	e informati	on should be complete	e and accurate.
Name of In	stitution	Location	From	– To	Units/Degree	Major
Under- Graduate College						
Graduate College Work						
Total Semester or Quarter Units After Bachelors Degree:		<u>.</u>		Thesis Topic:		
ALIFORNIA CREDE	NTIAI HE	I D			1	
Type (General/Standard		Subject and/or Major/Minor		or	Date of Expiration	
If	you do not l	nold a California Te	acher's Cre	edential, c	omplete the following:	
Have you applied for a Ca	alifornia Tea	ching Credential?	Yes 🗌	No 🗌		
Туре			Date	of Applic	ation	
certify that answers give f all statements in this a ecision. In the event of e oplication or interview(s	ipplication i employments) may resu	re true and complo for employment as it, I understand tha It in discharge. I u	s may be n at false or	ecessary misleadir	in arriving at an emp ng information given	oloyment on my
nd regulations of the sc	hool distric	et.				
Signature						



### **PERSONNEL DATA RECORD**

PHYSICAL ADDRESS:		Employee ID #:		
PHISICAL ADDRESS.				
Address:				
S	Street	City	State	Zip
MAILING ADDRESS:	SAME AS ABOVE:			
Home Address:				
	Street	City	<u>State</u>	Zip
Home Phone:		Cell Phone:		
Personal Email:				
r ersonar Emain.				
	EMERGENCY NO	TIEICATION IN	EODNAATIO	N
	<u>LIMILITOLITET INC</u>	THICATION III	IOMINATIO	<u> </u>
work due to illness o  Spouse Information:	i injury.			
Name of Spouse:				
Mailing Address:				
	Street	City	State	Zip
Home Phone:	Work Phone:			
		Cell	Phone:	
		Cell	Phone:	
Emergency Contact Nam				
Emergency Contact Nam				
	ne:	Re	lationship:	
Mailing Address	ne:	Re		
Mailing Address	Je:	Re	lationship: State	Zip
Emergency Contact Nam  Mailing Address  S  Home Phone:	Je:	Re	lationship: State	Zip



# RECEIPT AND ACKNOWLEDGMENT OF CHILD ABUSE REPORTING REQUIREMENTS Human Resources

As an employee of Travis Unified School District, I certify that I have been given a copy of Board Policy relating to Child Abuse Reporting and Penal Code Sections 11164-11174.3. I have read and understand the requirements for reporting known or suspected instances of child abuse and will comply with these requirements. I further understand that failure to certify to these requirements constitutes reason for non-employment.

requirements. I further understand that failure to certify to these	requirements constitutes reason for non-
employment.	
Employee Name (Please Print)	
Employee Signature	Date
Legal Reference:	
Board Policies: DO/PERS/0255	
California Penal Code Sections 11164- 11174.3	
5141.4	



# All Personnel OATH OR AFFIRMATION OF ALLEGIANCE Human Resources

E 4112.3 4212.3

4312.3

Ι,	, do solemnly swear (or affirm) that I
will support and defend the Constitution o	f the United States and the Constitution of the State of California
against all enemies, foreign and domestic; t	that I will bear true faith and allegiance to the Constitution of the United
States and the Constitution of the State of	California; that I take this obligation freely, without any mental
reservation or purpose of evasion; and that	t I will well and faithfully discharge the duties upon which I am about to
enter.	
I understand that as a public employee I as	m a disaster service worker pursuant to Government Code 3100 and
3102 and that I am required to take this oa	ath before entering the duties of my employment. In the event of
natural, manmade or war-caused emergence	cies which result in conditions of disaster or extreme peril to life,
property or resources, I am subject to disa	ster services activities assigned to me by my supervisor.
	D .
Employee Signature	Date
Certified by:	
(Person who administers oath)	

## Travis USD

### **Exhibit**

**Employee Use Of Technology** 

E 4040

Personnel

## ACCEPTABLE USE AGREEMENT AND RELEASE OF DISTRICT FROM LIABILITY (EMPLOYEES)

The Travis Unified School District authorizes district employees to use technology owned or otherwise provided by the district as necessary to fulfill the requirements of their position. The use of district technology is a privilege permitted at the district's discretion and is subject to the conditions and restrictions set forth in applicable Board policies, administrative regulations, and this Acceptable Use Agreement. The district reserves the right to suspend access at any time, without notice, for any reason.

The district expects all employees to use technology responsibly in order to avoid potential problems and liability. The district may place reasonable restrictions on the sites, material, and/or information that employees may access through the system.

The district makes no guarantee that the functions or services provided by or through the district will be without defect. In addition, the district is not responsible for financial obligations arising from unauthorized use of the system.

Each employee shall sign this Acceptable Use Agreement as an indication that he/she has read, understands and agrees to abide by the agreement.

### **Definitions**

District technology includes, but is not limited to, computers, the district's computer network including servers and wireless computer networking technology (wi-fi), the Internet, email, USB drives, wireless access points (routers), tablet computers, smartphones and smart devices, telephones, cellular telephones, personal digital assistants, pagers, MP3 players, wearable technology, any wireless communication device including emergency radios, and/or future technological innovations, whether accessed on or off site or through district-owned or personally owned equipment or devices.

### **Employee Obligations and Responsibilities**

Employees are expected to use district technology safely, responsibly, and primarily for work-related purposes. Any incidental personal use of district technology shall not interfere with district business and operations, the work and productivity of any district employee, or the safety and security of district technology. The district is not responsible for any loss or damage incurred by an employee as a result of his/her personal use of district technology.

The employee in whose name district technology is issued is responsible for its proper use at all times. Employees shall not share their assigned online services account information, passwords, or other information used for identification and authorization purposes, and shall use the system only under the account to which they have been assigned. Employees shall not gain unauthorized access to the files or equipment of others, access electronic resources by using another person's name or electronic identification, or send anonymous electronic communications. Furthermore, employees shall not attempt to access any data, documents, emails, or programs in the district's system for which they do not have authorization.

Employees are prohibited from using district technology for improper purposes, including, but not limited to, use of district technology to:

- 1. Access, post, display, or otherwise use material that is discriminatory, defamatory, obscene, sexually explicit, harassing, intimidating, threatening, or disruptive
- 2. Disclose or in any way cause to be disclosed confidential or sensitive district, employee, or student information without prior authorization from a supervisor
- 3. Engage in personal commercial or other for-profit activities without permission of the Superintendent or designee
- 4. Engage in unlawful use of district technology for political lobbying
- 5. Infringe on copyright, license, trademark, patent, or other intellectual property rights
- 6. Intentionally disrupt or harm district technology or other district operations (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission, changing settings on shared computers)
- 7. Install unauthorized software
- 8. Engage in or promote unethical practices or violate any law or Board policy, administrative regulation, or district practice

### **Privacy**

Since the use of district technology is intended for use in conducting district business, no employee should have any expectation of privacy in any use of district technology.

The district reserves the right to monitor and record all use of district technology, including, but not limited to, access to the Internet or social media, communications sent or received from district technology, or other uses within the jurisdiction of the district. Such monitoring/recording may occur at any time without prior notice for any legal purposes including, but not limited to, record retention and distribution and/or investigation of improper, illegal, or prohibited activity. Employees should be aware that, in most instances, their use of district technology (such as web searches or emails) cannot be erased or deleted.

All passwords created for or used on any district technology are the sole property of the district. The creation or use of a password by an employee on district technology does not create a reasonable expectation of privacy.

### **Personally Owned Devices**

If an employee uses a personally owned device to access district technology or conduct district business, he/she shall abide by all applicable Board policies, administrative regulations, and this Acceptable Use Agreement. Any such use of a personally owned device may subject the contents of the device and any communications sent or received on the device to disclosure pursuant to a lawful subpoena or public records request.

### **Elevated Access**

Staff, who can demonstrate a valid instructional or business need, can request authorization for elevated content filter access. Elevated access grants the staff member least restrictive access to Internet sites including full access to YouTube, Vimeo, social networking sites, file sharing sites, and other Internet sites/resources in addition to normally allowed sites.

Staff who wish to request elevated access must complete an authorization form and have their respective site principal/manager approve it. Once turned in to Technology Services, elevated access will be granted for the employee's account to be used on District-owned computer system assigned to a full-time employee or physical classroom only. Elevated access will not be granted to staff using personal devices, tablets, or other unsupported systems.

Note: Internet sites related to alcohol, drugs, gambling, pornography, "peer to peer" trafficking, dating, and the like, as well as sites classified as security risks, shall be blocked and no exception will be made to unblock these sites.

### Records

Any electronically stored information generated or received by an employee which constitutes a district or student record shall be classified, retained, and destroyed in accordance with BP/AR 3580 - District Records, BP/AR 5125 - Student Records, or other applicable policies and regulations addressing the retention of district or student records.

### Reporting

If an employee becomes aware of any security problem (such as any compromise of the confidentiality of any login or account information) or misuse of district technology, he/she shall immediately report such information to the Superintendent or designee.

### **Consequences for Violation**

Violations of the law, Board policy, or this Acceptable Use Agreement may result in revocation of an employee's access to district technology and/or discipline, up to and including termination. In addition, violations of the law, Board policy, or this agreement may be reported to law enforcement agencies as appropriate.

### **Employee Acknowledgment**

I have received, read, understand, and agree to abide by this Acceptable Use Agreement, BP 4040 - Employee Use of Technology, and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology or when my personal electronic devices use district technology. I further understand that any violation may result in revocation of user privileges, disciplinary action, and/or appropriate legal action.

I hereby release the district and its personnel from any and all claims and damages arising from my use

of district technology or from the	failure of any technology protection measures emplo	yed by the district.
Name:(Please print)	Position:	
School/Work Site:		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission						
AE66 ORI (Code assigned by DOJ)		Authorized Applicant Type				
Type of License/Certification/Permit <u>OR</u> Working Tit	e (Maximum 30 chara	cters - if assigned by DOJ, ι	use exact title assigned)			
Contributing Agency Information:						
Travis Unified School District Agency Authorized to Receive Criminal Record Information	<u>n</u>	15993 Mail Code (five-	15993 Mail Code (five-digit code assigned by DOJ)			
2751 De Ronde Dr. Street Address or P.O. Box		Cara Aviles Contact Name (	mandatory for all school submissions)			
Fairfield CA State	94533 ZIP Code	(707) 437-4604 Contact Telephone Number				
Applicant Information:						
Last Name		First Name	Middle Initial Suffix			
Other Name: (AKA or Alias)						
Last Name		First Name	Suffix			
Sex Male Female Nonbi	inary/Unspecified	Driver's License	Number			
Height Weight Eye Color	Hair Color	Number				
Place of Birth (State or Country) Social Security Number		(Agency Billing Number) Misc. Number (Other Identification Number)				
Home Address Street Address or P.O. Box		City	State ZIP Code			
, 144, 555	Privacy Notice	-	itement, and Applicant's Privacy Rights.			
That's reserved and read the metaded	Tirrusy House	, i musy rist sta	noment, and Applicante Fire as Fugine.			
Applicant Signatu	ire		Date			
Your Number:		Level of Serv	<del>_</del> _			
OCA Number (Agency Identifying Number)			ervice indicates FBI, the fingerprints will be used to check bry record information of the FBI.)			
If re-submission, list original ATI			,			
number: Original Orig	al ATI Number					
Employer (Additional response for agencies sp	ecified by statu	ite):				
Employer Name						
Street Address or P.O. Box			Telephone Number (optional)			
City	State	ZIP Code	Mail Code (five digit code assigned by DOJ)			
Live Scan Transaction Completed By:						
Name of Operator		Date				
Transmitting Agency LSID		ATI Number	Amount Collected/Billed			