

# APPLICATION FOR EMPLOYMENT

*(Non-Professional)*

**Coleman I.S.D.**  
**2302 S. Commercial Ave.**  
**Coleman, TX 76834**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*( PLEASE PRINT )*

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Name	Maiden Name
Address	Street	City	State Zip Code
Telephone Number(s)	Social Security No. <i>(voluntary)</i>		
Email Address:			
Best time to contact you at home is: ..... : a.m./p.m.			
If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with us before? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date _____ Position _____			
Are you currently employed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status			
<i>Proof of citizenship or immigration status will be required upon employment.</i> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available for work _____ / _____ / _____			
Have you ever been convicted of a felony or misdemeanor involving moral turpitude, or pled guilty or received deferred adjudication for such crimes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been arrested in connection with the above described crimes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Specialized Skills (Check skills/equipment operated)**

Microsoft Office  Excel  Microsoft Word

Ascender  Other Program(s) \_\_\_\_\_

Other \_\_\_\_\_

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Worked From _____ To _____		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Worked From _____ To _____		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Worked From _____ To _____		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Worked From _____ To _____		Work Performed
Address				
Telephone No.		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## REFERENCES

1. _____	(        )	Phone # _____
(Name) _____		
(Address) _____		
2. _____	(        )	Phone # _____
(Name) _____		
(Address) _____		
3. _____	(        )	Phone # _____
(Name) _____		
(Address) _____		

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at-will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I consent to any and all pre-employment background checks conducted for employment purposes.

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Signature of Applicant

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Date

## PRE-EMPLOYMENT OR PRE-SERVICE AFFIDAVIT FOR EDUCATIONAL ENTITIES

*Pursuant to Texas Education Code (TEC) §22A.055, a person applying for employment with or who will act as a service provider for an educational entity (school district, district of innovation, open-enrollment charter school, other charter entity, regional education service center, or shared services arrangement) must submit, using a form adopted by the agency, a pre-employment or pre-service affidavit.*

### Section 1 - Penalties for Failure to Disclose Required Information

A person commits an offense, a Class B misdemeanor, if the person fails to disclose information required to be disclosed under TEC §22A.055. Additionally, a determination that an employee or person providing services failed to disclose information required to be disclosed by a person under TEC §22A.055 is grounds for termination of employment or service.

### Section 2 – Disclosure of Work History and Consent for Release of Records

Have you previously been employed by or acted as a service provider, or are you currently employed by or currently acting as a service provider for a public or private school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consent for release of your prior employment records?  <i>Pursuant to TEC §22A.055, a person applying for employment with or who will act as a service provider for an educational entity <u>must</u> consent for release of the person's employment records.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Section 3 – Disclosure of Investigation or Placement on the Do Not Hire Registry

Have you ever been terminated, non-renewed, or discharged from a public or private school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever resigned, in lieu of being terminated or discharged, from a public or private school?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been investigated by a law enforcement or child protective services agency for, or charged with, adjudicated for, or convicted of, an offense involving the following conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D) ?:

- abused or otherwise committed an unlawful act with a student or minor, including by engaging in conduct that involves physical mistreatment or constitutes a threat of violence to a student or minor and that is not justified under Chapter 9, Penal Code, regardless of whether the conduct resulted in bodily injury;
- was involved in or solicited a romantic relationship with or solicited or engaged in sexual contact with a student or minor;
- engaged in inappropriate communications with a student or minor, as defined by board rule;
- failed to maintain appropriate boundaries with a student or minor, as defined by board rule;

Yes  No

*Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.*

*Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.*

Have you ever been investigated by a licensing authority or had a license, certificate, or permit denied, suspended, revoked, or subject to another sanction in this state or another state for conduct described by TEC §22A.051(a)(2)(A), (B), (C), or (D), which is described above?

Yes  No

Are you now the subject of an inquiry, disciplinary action, review, or investigation, by any public or private school, by a teacher-licensing agency, by any law enforcement agency, or in the court of Texas or any other state in connection with any alleged misconduct?

Yes  No

Have you ever been listed on the Do Not Hire Registry under TEC §22A.151 by the Texas Education Agency.

Yes  No

If you answered YES to any question in this section, disclose all relevant facts known to you pertaining to the matter, including, if applicable to the action, whether the allegation was determined to be true or false.

### **Section 3 – Declaration of Applicant**

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Name (First, Middle, Last)

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Date of Birth

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Address (House/Unit # and Street Name)

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Address (City, State, Zip Code)

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County

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Signature

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Date Signed

# COLEMAN INDEPENDENT SCHOOL DISTRICT

## Criminal History Information Request

Confidential

The Coleman Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of ALL APPLICANTS.

The data below must be provided by the applicant to assist the district in obtaining criminal history information.

Full Name \_\_\_\_\_  
(Please Print)      Last      First      Middle      Maiden \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

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 MUST BE COMPLETED AND RETURNED WITH APPLICATION**

Criminal History Check:

Date run: \_\_\_\_\_

Cleared: \_\_\_\_\_

Initials: \_\_\_\_\_

## DPS Computerized Criminal History (CCH) Verification

### (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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/Review of Personal Criminal History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coleman I.S.D.

Agency Name (Please print)

\_\_\_\_\_  
Mary Strickland

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: \_\_\_\_\_

Empl \_\_\_\_ Vol/Contractor \_\_\_\_ initial

Date Printed: \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ initial

**Retain in your files**