

Employment Application for Auxiliary Personnel

PERSONAL INFORMATION				
Date of Application:	Social Secur	Social Security Number:		
Name:				
Name:FIRST	LAST			MI
Address:				
STREET/P.O. BOX		CITY	STATE	ZIP
Phone:	Email:			
Other name that may appear on records:				
POSITIONS				
Your Present Position & School/Business:				
Position For Which You Are Applying at HISD:				
Date Available For Employment:		Former HISD E	mployee?:	
				YES or NO

EDUCATION

Schools Attended:

School Name	Major/Minor Fields	Diploma, Degree	Dates Attended	Year Graduated

AREA	AS OF INTEREST				
	Administrative Assistant Custodial Staff				
	Bus Driver				
	Cafeteria Staff		☐ M	aintenance	
ОТНЕ	ER WORK EXPERIE	NCE			
Please p	provide a complete listi	ing of all other jobs	you have held in the	past 10 years:	
School	District/Business Name	Position/Title	Reason for Leaving	Dates of Employment	Name of Supervisor
GENE	ERAL INFORMATION	N			
Yes If yes, p	have a relative who is No blease give the name of ame:	the relative and rela	ntionship:	rd of Education?	
Have you ever been convicted of, pled guilty or no contest (nolo contendre) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to: theft, rape, murder, and/or indecency with a minor) either in state or out of state? 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 relationship between the offense and the position for which you are applying.)

REFERENCES

Please list references that may be contacted regarding your work history:

Full Name of Reference	School District/Business Name	Mailing Address	Position/Title	Phone Number

VERIFICATION

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 authorize the references listed on this 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 this information.

I understand that the district is authorized by the Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.

SIGNATURE OF APPLICANT	DATE

This application becomes the property of Hermleigh ISD. The district reserves the right to accept or reject it. This application shall be considered active for <u>12</u> months. If you have not received a response during this time period, you may reapply or reactivate your application.



Addendum to Application

CONFIDENTIAL

THE HERMLEIGH INDEPENDENT SCHOOL DISTRICT AS STATED IN STATE LAW MAY OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS THE DISTRICT INTENDS TO EMPLOY IN ANY CAPACITY (TEXAS EDUCATION CODE SECTION 22.083).

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION.

Full Name:			
Social Security Number:			D.O.B:
Driver's License State & Number:			
Sex: Male Female	Ethnicity:	African American Caucasian Hispanic Native American Other	