

BUS DRIVER APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY # _____

BIRTHDATE: _____ TX DRIVERS LICENSE NO: _____

TYPE OF DRIVERS LICENSE and ENDORSEMENTS: _____ DRIVING RECORD WILL BE CHECKED FOR VIOLATIONS

ANY PHYSICAL DEFECTS THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? YES _____ NO _____

IF YES, EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ NO _____ YES IF YES, PLEASE DESCRIBE:

HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR INVOLVING A MINOR? _____NO _____YES IF YES, PLEASE DESCRIBE:

PLEASE LIST YOUR MOST PREVIOUS EMPLOYERS:

1.	_____	_____	_____
	Name	Address	Phone Number
2.	_____	_____	_____
	Name	Address	Phone Number
3.	_____	_____	_____
	Name	Address	Phone Number

DESCRIBE ANY OTHER RELATED DRIVER EXPERIENCE: _____

GIVE 3 REFERENCES:

1.	_____	_____	_____
	Name	Address	Phone Number
2.	_____	_____	_____
	Name	Address	Phone Number
3.	_____	_____	_____
	Name	Address	Phone Number

If employed by the Teague ISD, I agree to reimburse (through payroll deduction) the school district the cost of the criminal history check and fingerprinting

cost (not to exceed \$60 plus reimbursement for mileage) under any of the following conditions (See policy CFEA Legal #12):

- 1.) I voluntarily terminate my employment with Teague ISD within my first 3 months of employment or I am terminated within my 3 month probationary period and/or
- 2.) I am terminated for causes such as but not limited to: any false statement or omission regarding my criminal history as listed in my employment application and related information.

DATE: _____

SIGNATURE: _____

The Teague Independent School District does not discriminate on the basis of race, color, national origin or handicap.

PROVIDING YOUR SOCIAL SECURITY NUMBER ALLOWS THE DISTRICT TO VERIFY ANY CERTIFICATIONS YOU MAY HAVE. DISCLOSURE IS OPTIONAL.
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CRIMINAL HISTORY RECORD INFORMATION

CONFIDENTIAL

The Teague Independent School District is authorized and required by law to obtain state and national criminal history record information on employees, applicants and volunteers (Texas Education Code §22.083). The information required below is necessary to obtain criminal history record information.

Please Print

Name _____
Last First Middle

Address: _____
Street City State Zip Code

Social Security Number _____ Drivers License Number _____

Date of Birth _____
mm/dd/yyyy

Sex: Male Female

Ethnicity: Black White Hispanic
 Asian or Pacific Island
 Native American Other

Previous Names & Addresses:
(Including maiden name)

Name	Address	City, State, Zip Code

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

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

TEAGUE ISD

Agency Name (Please print)

CHERYL TUCKER

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	