

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No If yes, describe:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING A MINOR? Yes No If yes, describe:

FORMER EMPLOYERS: (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST:

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

PHYSICAL RECORD:

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	PHONE NUMBER

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No
If yes, what can be done to accommodate your limitation?_____

IN CASE OF EMERGENCY, NOTIFY:

(Name)

(Address)

(Phone No.)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any or all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

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: _____

Please read, complete, and turn in all pages of the application.

APPLICATION WILL REMAIN ACTIVE FOR NOT LESS THAN SIX MONTHS.

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

TEAGUE INDEPENDENT SCHOOL DISTRICT
Maintenance Department

I, _____, do understand and agree to the six month Probation period where by my employment may be terminated without cause.

Place of employment: _____

Immediate supervisor: _____

Work Time: Start: _____

 Stop: _____

Lunch Period: _____

Two 15 minute breaks

One in morning _____

One in afternoon _____

I am physically capable of performing the duties listed on the accompanying work sheet and any other duties assigned of like nature.

Date: _____ Signed: _____

Custodial Supervisor: _____

Maintenance Supervisor: _____

NOTICE

All Teague ISD employees will be subject to a Criminal Records Investigation through the Texas Department of Public Safety, Austin, Texas.

JOB DESCRIPTION FOR CUSTODIANS/MAINTENANCE STAFF

QUALIFICATIONS: The custodian/maintenance staff shall:

1. Be physically able to perform the required duties.
2. Be capable of following oral and written instructions.
3. Know the basic techniques of minor repairs and building and grounds maintenance.
4. Be able to work with teachers, students and parents.

REPORTS TO: Maintenance or Custodial Supervisor through the Principal

JOB GOAL: The custodian/maintenance staff shall contribute to the operation of the educational process by maintaining a high standard of safety, cleanliness and efficiency of building operations and a high standard of safety and neatness of grounds.

DUTIES: The custodian/maintenance staff employee shall, as assigned:

1. Be responsible for keeping buildings and grounds, including sidewalks, driveways and play areas neat and clean.
2. Maintain a program of preventive maintenance to ensure the comfort, health and safety of students and staff.
3. Make observations for safety hazards.
4. Report promptly to the principal any acts of vandalism, accidental destruction, or defects that may prove injurious to the students and staff.
5. Assume the responsibility for opening and closing the building each school day.
6. Check daily to ensure that all exit doors are open and all panic bolts are working properly during the hours of building occupancy.
7. Be responsible for custodial duties when assigned to the building for extracurricular activities.
8. Regulate heat, ventilation and air conditioning systems to provide appropriate temperatures and to ensure economical usage of fuel, water and electricity.
9. Maintain a cleaning schedule that will include the cleaning of floors, chalkboards, facilities, windows, furniture and equipment.
10. Comply with local laws and procedures for the storage and disposal of trash.
11. Make minor building repairs as needed and report major repairs needed to principal.
12. Maintain the lawn, shrubbery and playground.
13. Maintain the stadium.
14. Maintain an inventory of supplies and equipment and order additional supplies as needed.
15. Make recommendations for replacement of existing equipment as it becomes obsolete or deteriorates.
16. Move furniture or equipment within the building as directed by the principal.
17. Work cooperatively with other school employees, students and parents.
18. Perform other duties as assigned by the principal or maintenance or custodial supervisor.

GENERAL JOB DESCRIPTIONS

CUSTODIAN

1. Sweep
2. Mop
3. Dust
4. Operate buffer
5. Vacuum
6. Empty trash
7. Use chemical cleaners
8. Change light bulbs
9. Carry books
10. Clean bath rooms (toilet and lavatories)
11. Clean up vomit
12. Clean windows
13. Unstop commodes
14. Perform all general duties considered to be custodial duties
15. Other duties assigned by Custodial Supervisor

YARD AND GROUND AND MAINTENANCE

1. Operate weed eater
2. Operate tractor
3. Operate riding lawn mower
4. Rake leaves
5. Plant grass
6. Pick up trash (entire compound)
7. Empty barrels
8. Climb ladder
9. Deliver mail to campuses
10. Minor equipment repair
11. Other duties assigned by Maintenance Supervisor

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	