

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

HAVE YOU EVER BEEN CONVICTED OF ANY 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.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	PHONE NUMBER

PHYSICAL RECORD:

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: _____

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.

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	