

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 _____

*This form will be removed from the application and filed separately in the personnel office.