

BOOKER INDEPENDENT SCHOOL DISTRICT

SUPPORT APPLICATION
Main and Mitchell Road
P. O. Box 288 Booker, TX 79005
Ph: (806) 658-4501 Fax: (806) 658-4503

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, Veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

CONTACT INFORMATION

Last Name:	First Name:	Middle Name:
Mailing Address:		Email Address:
City:	State:	Zip:
Home Phone:	Cell Phone:	Social Security Number:

EMPLOYMENT DESIRED

Position Sought:	Grade Levels:	Date available to begin work:
Have you been employed with Booker ISD previously:		If yes, list dates of employment:

EDUCATION AND TRAINING

School Attended	Name and address	Highest Grade Level	Graduate	Date and Type of Diploma or Degree Earned
High School			Y N	
College			Y N	
Post College			Y N	
Trade, Business, Correspondence			Y N	
Other				
List any current licenses, certifications or registrations:				
List any special training, experience, skills, or abilities:				
List all languages read, written or spoken fluently:				

Office Use Only

Date Received: _____ Interviewed by: _____ Date Interviewed: _____ Approved: YES / NO
CC:

EMPLOYMENT HISTORY

Name and Address of Previous Employer:		Reason for Leaving:	
Supervisor:		Telephone:	
Dates of Employment: to	Job Title:	Full time or Part time: Number of hours per week:	
Job Duties:			

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Dates of Employment: to	Job Title:	Full time or Part time: Number of hours per week:	
Job Duties:			

PERSONAL REFERENCES

Name	Address and Phone	Relationship

STATEMENT OF AFFIRMATION

I hereby affirm that all information provided is true and accurate to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection or dismissal from subsequent employment.

I authorize release of all information concerning previous employment and any pertinent information, personal or otherwise and release all such parties from liability for any damage that may result from furnishing the same.

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

Updated 12/1/15

Applicant Signature _____ **Date** _____

BOOKER INDEPENDENT SCHOOL DISTRICT

Criminal History Consent and Release Form

The Booker Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information. In addition all applicants are required by Senate Bill 9 to submit fingerprint information to the Texas Department of Public Safety.

PLEASE PRINT CLEARLY

First Name	Middle Name	Last Name	Suffix
Mother's Maiden Name		Social Security Number	
Physical Address		Mailing Address	
City	State	Zip	Country
Home Phone	Work Phone	Cell Phone	
/ / Date of Birth	Gender	ft. in. Height	lbs. Weight
		Hair Color	Eye Color
Race (White, Black, Asian, Indian, Hispanic, other)	Place of Birth	State	Country of Citizenship
Drivers License or State ID Number	Issuing State	Drivers License Type	

I understand that failure to disclose any convictions of any felony or misdemeanor involving moral turpitude, not limited to but including sexual or violent crimes involving a student or minor, will result in discharge or refusal to hire for employment as stated in the district policy under "Employment Requirements and Restrictions DBA Criminal History and Credit reports".

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) If YES, please provide an explanation below: YES NO

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If YES, please provide an explanation below: YES NO

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? If YES, please provide an explanation below: YES NO

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If YES, please provide an explanation below: YES NO

5. As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below: YES NO

Please list all places of residence after the age of 18. If more space is needed, please list on the back of this form.

City/Town	County	State

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Applicant 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

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last) _____
Date of Birth

Address (Street, City, State, Zip Code) _____
County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.