

BRAZOS ISD APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Last</i><i>First</i><i>Middle initial</i></div>			
	Mailing address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><i>Street/Box</i><i>City</i><i>State</i><i>ZIP Code</i></div>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <div style="font-size: x-small; margin-top: 5px;"><i>(Used for certification, reference, and criminal history record checks)</i></div>			
Position Data	List the position(s) for which you are applying _____			
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only			
	Date you can begin work _____			
	Have you been employed by Brazos ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If you answered yes, provide dates of employment _____			
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.			
Work Experience	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

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Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates held _____				
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>	



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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Brazos ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>_____</p> <p>Signature</p> </div> <div style="text-align: center;"> <p>_____</p> <p>Date</p> </div> </div> <p style="margin-top: 20px;">This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for _____ months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Earl Jarrett, Superintendent, 979-478-6551

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Brazos ISD

Agency Name (Please print)

Brian Thompson, Superintendent

Agency Representative Name (Please print)

Brian Thompson
Signature of Agency Representative

2019-2020

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: _____

Empl ____ Vol/Contractor ____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files

BRAZOS INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY RECORD INFORMATION REQUEST

CONFIDENTIAL*

The Brazos 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.

Last Name _____ First Name _____ Middle Initial _____

Other names on records: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Driver's License State _____ Number _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Sex: _____ Male _____ Female

Race: _____ Hispanic/Latino _____ Black _____ White _____ Asian _____ Other

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 HR office.