

Check the highest level of education attained:

- High School Graduate
 GED
 Less than two years of college
 Two or more years of coll
 Bachelor's degree
 Master' s degree
 Other training

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year Graduated

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 resume if available.

Employer and location	Position/title	Dates employed	Reason for leaving

Do you have a relative who serves on the Winters ISD Board of Education?
 YES NO If yes, please provide the relative's name and relationship: _____

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)? YES NO

If yes, please state where, when, and the nature of the offense _____

(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.)

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Reference Name	Employer Name	Position/Title
Mailing Address		Area Code/Phone Number
Reference Name	Employer Name	Position/Title
Mailing Address		Area Code/Phone Number
Reference Name	Employer Name	Position/Title
Mailing Address		Area Code/Phone Number
Reference Name	Employer Name	Position/Title
Mailing Address		Area Code/Phone Number

Please list the days you are available to substitute and your assignment preferences.

Day(s) of the week Every day or only the following:

- Monday Tuesday Wednesday Thursday Friday

Assignment Any or only the following:

- Elementary Jr. High Secondary Special Education Cafeteria

Preferred campuses _____

Are you receiving Texas Teacher Retirement (TRS) benefits? Yes No

(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)

VERIFICATION

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.

I authorize the reference listed 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.

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

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

WINTERS INDEPENDENT SCHOOL DISTRICT

Confidential*

The Winters 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.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/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.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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	