

**MAYPEARL INDEPENDENT SCHOOL DISTRICT
P.O. BOX 40
MAYPEARL, TX 76064
972-435-1000*972-435-1001 Fax
LYNN DEHART, SUPERINTENDENT**

“A SUPERIOR LEARNING COMMUNITY”

Welcome to the Maypearl Independent School District, an Equal Opportunity Employer.

All persons applying for work in the area of substitute must provide the following information when completing your application. Your application will not be considered complete if these items are not attached.

Completed Criminal Background Check
Copy of your Social Security Card
Copy of your Driver's License
Copy of High School or College Transcript

Thank you for your cooperation.

Cindy Shaw

“It is the mission on the Maypearl Independent School District
To graduate all students equipped to make choices
That lead to productive citizenship”

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Employment Application for Service and Support Personnel

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

An Equal Opportunity Employer

Personal Data

Date of application _____ Social Security # _____

Driver's License number _____

Name _____

Current address _____

Other address where you may be reached _____

Work phone _____ Home phone _____ Date of Birth _____

*Please provide a copy of your Driver's License and Social Security card with this application.

Position Data

Position for which you are applying _____

Type of Employment: Full-time _____ Part-time _____ Summer only _____

Date available _____

Have you ever been employed by this school district? Yes _____ No _____

If yes, give dates of employment: _____

Education/Training

Check highest educational level attained:

_____ Not high school graduate (Circle last grade completed.)

1 2 3 4 5 6 7 8 9 10 11 12

_____ High school graduate _____ GED _____ Less than two years college

_____ Two or more years college _____ Bachelor's degree

_____ Master's degree _____ Other training or education _____

Licenses/Certifications held _____

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General Information

Do you have a relative who is a member of the Maypearl ISD Board of Trustees? Yes _____ No _____
If yes, please provide the name of the relative and the relationship: _____

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor?) yes _____ no _____

If yes, please state where, when, and the nature of the offense; also indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: _____

(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.)

References

Please list references that may be contacted regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at the last two employing organization.

Full name of Reference	School district/ Firm name	Mailing address	Position/ Title	Area code/ Phone number

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School attended: List all applicable information.

Names and locations of school attended	Course of study: Major/minor fields	Diploma, degree, Certificate, or license	Year graduated (college only)

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past ten years. List most recent first. Attach additional sheets if necessary. (Bus driver applicants, see Addendum.)

Employer and location	Position/Title	Dates employed	Reason for leaving

Special Skills

List specific skills and/or any machines or equipment you can operate. Include typing speed and number of years of experience.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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Verification

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

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 any liability for any damage that may result from furnishing same to you.

I understand that the District is authorized by Texas Education Coed (22.083) (b) to obtain criminal history record information on applicants selected for employment.

Signature of Applicant

Date

This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for a period of time not the exceed 90 days. Any applicant wishing to be considered for employment beyond this period may inquire as to whether or not applications are being accepted at that time.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential

The Maypearl 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

⁴ This form will be removed from the application and filed separately in the HR office.



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SAFE SCHOOLS PROJECT CONSENT FORM

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE
FCRA (FAIR CREDIT REPORTING ACT)

Date: _____

Last Name First Name MI

Maiden and/or Other Last Names Used

City* County* State*

Date of Birth* Social Security Number** Sex** Race**

I, _____, am an applicant for employment with Maypearl ISD and have been advised that as a part of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONAL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense?

(Excluding minor traffic violations) YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, please provide an explanation below:

6. Drivers License # _____ State Issued _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

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 MAY BE GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT THAT EXISTS AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

SIGNED THIS _____ DAY OF _____, 20_____.

Applicant (Print Name) _____

Applicant Signature _____