

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

Grandview-Hopkins Independent School

We consider applicants for all positions without regard to race, color, notional origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

Personal Data	Date of application _____ Social Security Number _____																		
	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle initial </div>																		
	Current address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street/Box City State Zip Code </div>																		
	Other address where you may be reached _____																		
	Work Phone _____		Home Phone _____																
Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>																			
Position Data	List the position(s) you are applying for _____																		
	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 <u>Grandview-Hopkins ISD</u> in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	If you answered yes, provide dates of employment _____																		
Education/Training	Check the highest level of education attained:																		
	_____ Not a 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 of college																		
	_____ Two or more years of college _____ Bachelor's degree																		
	_____ Master's degree _____ Other Training or Education _____																		
	Licenses and certificates held _____																		

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and Location of schools attended</th> <th style="width: 30%;">Course of study and major/minor</th> <th style="width: 20%;">Diploma, degree certificate, or license held</th> <th style="width: 20%;">Year graduated (College only)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name and Location of schools attended	Course of study and major/minor	Diploma, degree certificate, or license held	Year graduated (College only)												
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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 resume if available.			
	Employer and Location	Position/Title	Dates Employed	Reason for Leaving
Special Skills	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience.			
	1. _____		2. _____	
	3. _____		4. _____	
	5. _____		6. _____	
General Information	Do you have relatives who serve on the Grandview-Hopkins ISD Board of Education? ____ Yes ____ No If yes, please provide the relative's name and relationship _____			

	Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offence 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 offence _____			

(A felony conviction is not an automatic bar to employment. The district will consider the nature, date and relationship between the offence and the position for which you are applying.)				

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References	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.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code, phone number
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 authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the district intends to employ.</p>				
	<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>		
<p>This application becomes property of the District. The district reserves the right to accept or reject it. This application shall be considered for <u>12</u> months. If you have not received a response during this time period, you may reapply or reactivate you application.</p>					

Criminal History Record Information Consent & Release Form

I _____, am an applicant for employment with Grandview-Hopkins ISD and have been advised that as part of the application process, the employer conducts a criminal history background check. I do hereby consent to the 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 of the source of all information.

Last Name	First Name	Middle Name
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Maiden and/or Other Last Names Used

City	County	State
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Date of Birth**	Social Security**	Home Phone Number
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**** To Be Used Only For Criminal History Searches, And Not a Part of the Personnel File**

The following are responses my responses to questions about my criminal record history (if any) with descriptions to any questions 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) 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

The following information is also REQUIRED in order to be considered for employment:

This section is to be used to list all counties and states of residence since the age of 18 or high school graduation. It is mandatory that you complete each field in its entirety, including the county, or we will be unable to process. You must be **SPECIFIC** about dates of residence. If more space is needed, please attach an additional sheet. **The county must be listed.**

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 that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____