

ALVORD INDEPENDENT SCHOOL DISTRICT

PO BOX 70, ALVORD, TEXAS 76225

PHONE: 940-427-5975

FAX: 940-427-2313

AN EQUAL OPPORTUNITY EMPLOYER*

Name: _____ Date: _____
Last First Middle

Address: _____
Street/PO Box City State Zip Code

Phone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____
Name Phone

Are you related to any member of the Board of Trustees of the Alvord Independent School District? _____ If Yes, please explain the relationship. _____

Have you filed an application with this school district before? _____ If YES, give particulars.

EDUCATION

Level	Name and Location of School	Dates	Degree/Diploma
High School			
College			
Other			

LIST THREE CHARACTER REFERENCES

Do not list relatives.

Name	Address	Phone	Occupation	Place of Employment

Personal Data	<p>Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination annually.</p> <p>Hours available for work _____ Driver's license number _____ Type ____</p> <p>Do you have a Texas School Bus Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a driver's license suspended, revoked, or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Background Check Information	<p>Are there any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In the past 10 years, have you:</p> <p>(1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or</p> <p>(2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In the past two years, have you failed an employer's alcohol or drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, explain _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Driving Experience	Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.			
	Employer address and phone	Kind of work	Dates employed	Reason for leaving
Verification	<p>I hereby affirm that all information provided in this addendum 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 understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.</p> <p style="text-align: center;"> </p> <p style="text-align: center;">Signature Date</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.*

A COPY OF VALID DRIVER'S LICENSE OR PHOTO ID MUST BE ATTACHED

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Alvord 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 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

Alvord Independent School District

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 <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____ initial	
Destroyed Date: _____ initial	
Retain in your files	