



# Cushing Independent School District

1088 W. Bearkat Dr

Cushing, TX 75760

PH: 936.326.4890

FAX: 936.326.4115

## EMPLOYMENT APPLICATION FOR NON-CERTIFIED PERSONNEL

We consider applicants for all positions without regard to race, color, national 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: \_\_\_\_\_  
*Last First Middle Name*

Current Address: \_\_\_\_\_  
*Street/Box City State Zip Code*

Other Address Where You May Be Reached: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Served in Armed Forces:  Yes  No Branch: \_\_\_\_\_

Other Name That May Appear On Records: \_\_\_\_\_  
*(Used for certification, reference, & criminal history record checks)*

### Position Data

List the position(s) you are applying for: \_\_\_\_\_

Date You Can Begin Work: \_\_\_\_\_

Have you been employed by Cushing ISD in the past?  Yes  No

If you answered yes, provide the dates of employment: \_\_\_\_\_

### Education/Training

Check the highest level of education attained:

- High school graduate  GED  
 Two or more years of college  Bachelor's Degree  Master's Degree  
 Other training or education: \_\_\_\_\_

List licenses and/or certificates held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and location of schools attended	Diploma, degree, certificate, or license held	Year graduated

Please provide a list of the last four jobs you have held, starting with the most recent.

School District / Business Name	Position/ Title	Dates Employed	Reason for Leaving

### General Information

Do you have a relative who serves on the Cushing ISD Board of Education?  Yes  No

If yes, please provide the relative's name and relationship: \_\_\_\_\_

Are you a TRS retire/rehire applicant? Yes No (If yes, list date of retirement):

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 offense involving moral turpitude (including, without limitation, theft or attempted theft of any kind, fraud of any kind, sexual offenses of any kind, assaultive offenses, bribery, perjury, drug or alcohol offenses, offenses involving minors, or any other offense contrary to justice, honesty, modesty, or good morals)?  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.)*

## 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/ Business name	Mailing Address	Position/ Title	Area code, Phone Number

## Supplementary Information

Use the space below, and additional pages if needed, to give additional information about your background, training, experience, and future plans that would be pertinent to your application. Do not leave this area blank.



# Cushing ISD

## Fingerprinting Information

Please complete the following:

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Street Address/PO Box                      City                                      State                                      Zip

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Driver's License/State ID #                      Driver's License/ID State of Issue

\_\_\_\_\_  
email address                                      Campus

\_\_\_\_\_  
Signature                                      Date

I have been previously fingerprinted for my SBEC certification.

Name of District where fingerprinted for employment: \_\_\_\_\_

Approximate date of fingerprinting: \_\_\_\_\_

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## CRIMINAL HISTORY RECORD RELEASE AUTHORIZATION

The Cushing Independent School District obtains criminal history information on applicants being considered for employment with the District (Texas Education Code Section 22.083). Your completion of this form authorizes the District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety and/or any other criminal records to determine your acceptability for employment. Failure to clear the criminal history record check as per District policy may disqualify you for employment.

**Full Name** (Print) \_\_\_\_\_  
Last First Middle (Maiden)

What other names, if any, have you worked under or been know by? (Include nicknames, aliases, etc.)

Have you ever changed your name through civil court proceedings? Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Gender:** Male  Female

**Ethnicity:** Black  Hispanic  White/Other

**Address:** \_\_\_\_\_  
Street City State Zip Code

If you have lived at your current address less than 5 years, please list previous address (es) below.

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code

**Phone #** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

If you have had a different Social Security number previously, please indicate both numbers below.

**Current Social Security #** \_\_\_\_\_ **Old Social Security #** \_\_\_\_\_

Under penalty of perjury, I affirm that the above information is true and correct and that I have not knowingly omitted any information requested above. I hereby authorize Cushing Independent School District to conduct a criminal history record check. I understand the information I am providing about my age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history information.

Signature \_\_\_\_\_

Date

This form will be removed from the application and filed separately in the personnel 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.

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

Cushing Independent School District  
\_\_\_\_\_  
Agency Name (Please print)

Shane Johnson  
\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	