

RICHLAND SPRINGS INDEPENDENT SCHOOL DISTRICT

**700 W. Coyote Trail * Richland Springs, Texas 76871
(325) 452-3524 * (325) 452-3427 * Fax (325) 452-3230**

APPLICATION FORM For Non-Professional Staff

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM

The statements in this application are a part of the contract made between the applicant and the Richland Springs I.S.D. if the applicant is selected to a position in the Richland Springs public schools. Please fill out the application completely and accurately. Write in ink or type.

This application will remain on file one year only; it must be renewed if further consideration is desired.

Name _____
Last First Middle

Mailing Address _____
Street or Box City State Zip

Phone Number _____ Social Security Number _____

Driver's License Number _____ State _____

Indicate position applied for _____ Full time _____ Part Time _____

I affirm the information on this application is complete and correct. False statements on this application shall be considered sufficient cause for dismissal. I further understand that no wages will be paid until all records for the Business Office are completed and filed.

Signature

Date

EDUCATION PREPARATION (Be definite as to dates, degrees, and semester hours)

University Or College	Location	Date of Attendance	No. or Sem. Hrs.	Major/Minor	Date diploma Conferred
High School					

Work Experience (Please include all work experiences during the last five years. List the most recent experiences first.)

Company Name _____ City _____

Supervisor _____ Dates from _____ to _____

Duties _____ Supervisor's phone # _____

Reason for Leaving _____

Company Name _____ City _____

Supervisor _____ Date from _____ to _____

Duties _____ Supervisor's phone # _____

Reason for Leaving _____

Company Name _____ City _____

Supervisor _____ Dates from _____ to _____

Duties _____ Supervisor's phone # _____

Reason for Leaving _____

Company Name _____ City _____

Supervisor _____ Dates from _____ to _____

Duties _____ Supervisor's phone # _____

Reason for Leaving _____

Local Character References (Please do not include former employers or relatives.)

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any other experiences, skills, or qualifications which you feel would especially benefit you for this position?

Maintenance _____

Plumbing _____

Electrical _____

HVAC _____

Other _____

**RICHLAND SPRINGS INDEPENDENT SCHOOL DISTRICT
700 W. COYOTE TRAIL
RICHLAND SPRINGS, TX 76871**

(325) 452-3427

or

(325) 452-3524

CRIMINAL RECORD RELEASE AUTHORIZATION

Texas state law gives political subdivisions (schools) authority to obtain from the Texas Department of Public Safety or from local law enforcement agencies the records of any convictions of any person applying for positions from the requesting school district. List any states other than Texas where you have been a resident:

I hereby authorize any and all law enforcement agencies in the State of Texas to release any and all criminal history that I may have to the Richland Springs Independent School District.

I understand that the only purpose of obtaining such information is for the evaluation of my credentials for employment.

List any misdemeanor and felony convictions: _____

Signature of Applicant

Date

Print Full Name of Applicant

Names used on records if different from present name

Social Security Number

Date of Birth

Driver's License Number

AGREEMENTS

I grant my permission for an authorized employee of the Richland Springs I.S.D. to contact my present and past employers for additional information. I further agree that my work assignments (position and hours) will be determined by the administration of the Richland Springs I.S.D.

I affirm that as of the date of this application I am free of all physical and/or mental health conditions except those listed below. Further if I should be injured while employed and while working, I will notify, in writing, the school business manager and/or the Superintendent of schools within 24 hours of the time of the accident and/or injury and/or possible injury.

Existing physical and/or mental health conditions: _____

Signature

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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint records 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	

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration. *

This form will be processed separately and not shared with the hiring manager.
Approved by the Texas Commissioner of Education, October 2017.