

WELLMAN-UNION INDEPENDENT SCHOOL DISTRICT

An Equal Opportunity Employer

EMPLOYMENT APPLICATION FOR SUPPORT PERSONNEL

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

1. Personal Data

Date of Application _____

Date Available _____

Social Security No. _____

Name _____
Last First Middle

Address _____
Street/Box City State Zip

Work Phone _____ Home Phone _____

Type of position(s) for which you are applying: _____

2. Educational/Training (Check highest 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 _____

Schools Attended

Name of School	Dates of Attendance	Course of Study	Diploma, Degree, or Certificate	Year Earned

3. Work Experience (List most recent first; include military experience)

Employer	Job/Position	Salary/Wages	Reason for Leaving

4. Special Skills (List specific skills and /or any machines or equipment you can operate.
Secretarial applicants include typing speed and office machines.)

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

5. General Information

Do you have a relative who is either a member of the Wellman-Union ISD Board of Education or who is employed in any capacity in the Wellman-Union ISD? Yes No

If yes, please give the following information:

Name of Relative	Relationship	Position Held

Have you ever been convicted of a felony? Yes No

If yes, please explain. _____

Have you ever been asked to resign or been discharged from any position? Yes No

If yes, please explain. _____

6. Employment References

Please write below a complete listing of all jobs or positions you have held in the last 10 years. (If more space is needed, please attach another sheet of paper.)

Please attach resume, if available, stating responsibilities in detail.

School District/ Firm Name	Mailing Address	Area Code/ Phone Number	Immediate Supervisor	Dates Employed

6. Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that, if employed, any falsified information may be considered sufficient cause for dismissal. You are authorized to make an investigation of my education and work history.

Date: _____, _____

_____ Legal Signature of Applicant

Wellman-Union ISD
P.O. Box 69
Wellman, TX 79378
(806) 637-4910

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.

Approved by the Texas Commissioner of Education, October 2017.

WELLMAN-UNION INDEPENDENT SCHOOL DISTRICT

P.O. Box 69
5th and Terry St.
Wellman, TX 79378
Phone: 806-637-4910
Fax: 806-637-2585
<http://wellman.esc17.net>

The Wellman-Union Independent School District is required by state law to obtain criminal history record information on all employees. The district is also required to check driving records on an annual basis.

I understand the information set forth below will be used by the district solely for the purpose of obtaining criminal history records and driving records.

Full Name _____
(print) Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

Sex: Male _____ Female _____ Ethnicity: Anglo _____ Other _____

Email: _____

I understand this form authorizes the District to perform these tasks on a yearly basis as long as I am employed at Wellman-Union ISD.

Signature

Date

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

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		