

**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**



**SOMERVILLE INDEPENDENT SCHOOL DISTRICT**

P. O. Box 997, Somerville, Texas 77879

Phone: 979.596.2153 Fax: 979.596.1778 Website: somervilleisd.org

*An Equal Opportunity Employer\**

Date of application _____			
<b>Personal Data</b>	Name _____ <i>Last First Middle initial</i>		
	Current address _____ <i>Street/Box City State ZIP Code</i>		
	Other address where you may be reached _____		
	Home phone _____ Cell phone _____ Other phone _____		
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>		
<b>Position Data</b>	List the position(s) for which you are applying _____		
	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 Somerville ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____		
<b>Special Skills</b>	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.		
	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
	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 résumé if available.		
	<b>Work Experience</b>	Employer name and location	
Position/title held			Position/title held
Dates employed			Dates employed
Supervisor's name and phone			Supervisor's name and phone
Reason for leaving			Reason for leaving

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<b>Work Experience</b>	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
<b>References</b>	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
<b>Education/Training</b>	List the highest level of education attained: _____				
	Licenses and certificates granted _____				
	_____				
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>	

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<b>General Information</b>	<p>Do you have a relative who serves on the Board of Education or is an employee of Somerville ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
<b>Verification</b>	<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 required by Texas Education Code to review criminal history of applicants.</p> <p align="center">_____</p> <p align="center">Signature <span style="margin-left: 200px;">_____</span> Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

*\*Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.*

*The district Title IX Coordinator is Superintendent Charles Camarillo, P. O. Box 997, Somerville, Tx 77879, phone number 979.596.2153.*



**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

<b>Please:</b>	
<b>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>	