

Hitchcock

INDEPENDENT SCHOOL DISTRICT

8117 Highway 6, Hitchcock, TX 77563

(409) 986-5514 Office, 409-986-5141 Fax

Michael F. Bergman, Ed.D.
Superintendent
mbergman@hitchcockisd.org

Application for Support Staff Employment

Name _____
(Last) (First)

To the Applicant

Credentials required of Applicant for consideration for employment

1. A properly completed application. Include:
 - a. Application
 - b. Completed criminal history background check form
 - c. Resume
 - d. Copy of high school diploma/ GED
 - e. A transcript for all college and/or university work. An Official transcript is required, if employed.
 - f. The names of at least four (4) persons who can provide a professional recommendation for you. Please provide complete mailing address, including zip code, and a telephone number.

Applications may be obtained at the Hitchcock ISD Administration Office or the Hitchcock ISD website: www.hitchcockisd.org

Submit application by mail or by fax to 409-986-5141.

Brenda J. Taylor, Superintendent's Secretary
Hitchcock ISD
8117 Highway 6
Hitchcock, TX 77563

Phone: 409-986-5514
Job openings posted at www.hitchcockisd.org

2. Applications will be active for one (1) year from date of receipt.

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT 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 _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">Middle initial</small>			
	Current address _____ <small style="display: inline-block; width: 25%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 15%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 15%; text-align: center;">ZIP Code</small>			
	Other address where you may be reached _____			
	Work phone _____		Home phone _____	
Position Data	List the position(s) you are applying for _____			
	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 _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	Check the highest level of education attained:			
	<input type="checkbox"/> Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12			
	<input type="checkbox"/> High school graduate		<input type="checkbox"/> GED	<input type="checkbox"/> Less than two years of college
	<input type="checkbox"/> Two or more years of college		<input type="checkbox"/> Bachelor's degree	
	<input type="checkbox"/> Master's degree		<input type="checkbox"/> Other training or education _____	
	Licenses and certificates held _____ _____ _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <small>(College only)</small>

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

Work Experience	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.			
	Employer and location	Position/title	Dates employed	Reason for leaving
Special Skills	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience.			
	1. _____		2. _____	
3. _____		4. _____		
5. _____		6. _____		
General Information	Do you have a relative who serves on the _____ ISD Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____ _____			
	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 <u>any</u> 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			
	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.)			

EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

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/ firm name	Mailing address	Position/title	Area code, phone number
Verification	<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 authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.</p> <p align="center"> _____ Signature _____ 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 ____ months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>				

CRIMINAL HISTORY RECORD INFORMATION REQUEST

The Hitchcock 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 information 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 (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, 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

Hitchcock ISD
Agency Name (Please print)

Brenda J. Taylor
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: _____		
Hired _____ Not Hired _____		
		_____ initial
Date Printed: ____/____/____		_____ initial
Destroyed Date: ____/____/____		_____ initial
Retain in your files		

**Hitchcock Independent School District
Professional Reference Release Form**

Fill in the top portion of the reference for each employment reference you have listed on your application. If no employment references are available, you may then list personal references. **The top portion of the reference report must be filled out, signed and returned with your application.** The Human Resources Department will mail the reference forms. **ONLY** reference forms mailed from the Human Resources Department will be acceptable and valid references.

I, the undersigned, give Hitchcock Independent School District (Hitchcock ISD) authorization to contact this reference. I hereby authorize all persons, schools, companies, corporations, law enforcement agencies, and the Industrial Accident Board to release any information contained in my employment record, school records, criminal records, and Workers= Compensation records to the Hitchcock ISD. I do release them from any liability and responsibility arising from their doing so. I am willing that a true copy of this authorization be accepted as the same authority as the original.	
To: _____	Applicant Name (print) _____
Address: _____	Position Desired _____
_____	Social Security Number _____
Date: _____	Applicant Signature _____

Applicant must fill in information above this line.

Please indicate by a check mark your rating of the applicants qualities as listed below.

	Clearly Outstanding	Exceeds Expectations	Satisfactory	Below Expectations	Unsatisfactory
Teaching Effectiveness or probable effectiveness					
Attitude Toward Children recognizes needs					
Work Habits					
Personality wholesome, pleasing					
Intellectual Capacity					
Emotional Stability self-control					
Social Qualities evidence of social maturity					
Adaptability to Job Assignment					
Use of English in writing, conversation, and speech					
Public Relations					
Between what dates have you known the applicants= work? From: Mon/day/year To Mon/day/year					
What position did the applicant occupy and at what school or organization?					
If considering this person for a position, would you: <input type="checkbox"/> Employ without looking further <input type="checkbox"/> Consider strongly, but look at additional applicant <input type="checkbox"/> Not consider for employment					

Please add any comments that might be helpful to us in evaluating this applicant on the reverse side of this sheet.

Signature: _____	Position: _____	Date: _____
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Please return to:
 Hitchcock Independent School District
 Personnel
 8117 Highway 6
 Hitchcock, Texas 77563