

**ORE CITY ISD APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

*An Equal Opportunity Employer\**

|                           |   |          |                             |  |
|---------------------------|---|----------|-----------------------------|--|
| Date of application _____ |   |          |                             |  |
| <b>Personal Data</b>      | Name _____<br><small style="display: inline-block; width: 30%; text-align: center;"><i>Last</i></small> <small style="display: inline-block; width: 30%; text-align: center;"><i>First</i></small> <small style="display: inline-block; width: 30%; text-align: center;"><i>Middle initial</i></small>  |          |                             |  |
|                           | Mailing address _____<br><small style="display: inline-block; width: 30%; text-align: center;"><i>Street/Box</i></small> <small style="display: inline-block; width: 20%; text-align: center;"><i>City</i></small> <small style="display: inline-block; width: 20%; text-align: center;"><i>State</i></small> <small style="display: inline-block; width: 20%; text-align: center;"><i>ZIP Code</i></small> |          |                             |  |
|                           | E-mail address _____  |          |                             |  |
|                           | Home phone _____ Cell phone _____ Other phone _____   |          |                             |  |
|                           | Other name that may appear on records _____<br><br><small><i>(Used for certification, reference, and criminal history record checks)</i></small>  |          |                             |  |
| <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 Ore City ISD in the past <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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. _____ |                             |  |
| <b>Work Experience</b>    | 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 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          |  |

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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/<br>firm name   | Mailing address                                  | Position/title                          | Area code/<br>phone number |
|                        |  |                                 |  |   |                            |
|                        |  |                                 |  |   |                            |
|                        |  |                                 |  |   |                            |
|                        |  |                                 |  |   |                            |
|                        | 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<br><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 Ore City ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <hr/> <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> <hr/> <p><small>(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.)</small></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>Are you a retired TRS Employee:</b></td> <td style="width: 20%;"><b>YES</b></td> <td style="width: 20%;"><b>NO</b></td> </tr> <tr> <td><b>If YES: Do you receive a month annuity:</b></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <tr> <td><b>If NO: Have you withdrawn all your money from TRS:</b></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> </table> | <b>Are you a retired TRS Employee:</b> | <b>YES</b> | <b>NO</b> | <b>If YES: Do you receive a month annuity:</b> | <b>YES</b> | <b>NO</b> | <b>If NO: Have you withdrawn all your money from TRS:</b> | <b>YES</b> | <b>NO</b> |
| <b>Are you a retired TRS Employee:</b>                    | <b>YES</b>   | <b>NO</b>                              |            |           |  |            |           |   |            |           |
| <b>If YES: Do you receive a month annuity:</b>            | <b>YES</b>   | <b>NO</b>                              |            |           |  |            |           |   |            |           |
| <b>If NO: Have you withdrawn all your money from TRS:</b> | <b>YES</b>   | <b>NO</b>                              |            |           |  |            |           |   |            |           |
| <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 style="text-align: center;">             _____<br/>             Signature             <span style="margin-left: 200px;">_____</span><br/>             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>   |  |            |           |  |            |           |   |            |           |

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Mr. Lynn Heflin, 100 Rebel Road, Ore City, TX 75683—903.968.3300 .

# Ore City Independent School District

## Personnel Information/Criminal History Release

This form will be removed from the application and filed separately in the Personnel Office. Please complete all blanks.

|   |                                |                      |                              |                                   |
|---|--------------------------------|----------------------|------------------------------|-----------------------------------|
|   | Last                           | First                | Middle                       | Maiden                            |
| Social Security # _____                           | Name _____                     |                      |                              |                                   |
| Address _____                                     |                                | City _____           | State _____                  | Zip Code _____                    |
| Home Phone # _____                                | Work Phone # _____             |                      | Sex                          | Male      Female                  |
| Ethnicity<br>(Check One)                          | American Indian                | Asian                | Black, Non-Hispanic          | Hispanic      White, Non-Hispanic |
| Date of Birth _____                               | Driver's License # _____       | DL State _____       | DL Exp. Date _____           |                                   |
| (Check One)                                       |                                |                      |                              |                                   |
| Employee/Applicant                                | Substitute Personnel           | Student Teacher      | Volunteer (for class credit) |                                   |
| Parent Volunteer                                  | Business Partnership Volunteer | Individual Volunteer | Other _____                  |                                   |
| School where volunteering _____                   |                                |                      |                              |                                   |
| Highest Degree Held _____ Major _____ Minor _____ |                                |                      |                              |                                   |
| Teacher Certified                                 | Yes                            | No                   | State _____                  |                                   |

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(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:<br/>Check and Initial each Applicable Space</b> |               |
| CCH Report Printed:  |               |
| YES _____ NO _____   | _____ initial |
| Purpose of CCH: _____                                      |               |
| Empl ___ Vol/Contractor ___                                | _____ initial |
| Date Printed: _____  | _____ initial |
| Destroyed Date: _____                                      | _____ initial |
| <b>Retain in your files</b>                                |               |

## 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:

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### 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 Texas, on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
County Date Month Year

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(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 pre-employment affidavit.\**

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\*This form will be removed from the application and filed separately in the HR office.

Approved by the Texas Commissioner of Education, October 2017.