

MORAN INDEPENDENT SCHOOL DISTRICT
P.O. BOX 98
MORAN, TEXAS 76464
(325) 945-3101
FAX NO. (325) 945-2741

AUXILIARY APPLICATION
(Type or Print)

Full Name

Address

Present Position

Position for which you are applying

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants' for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of medical condition, disability, or any other legally protected status.

This application will be placed on file for up to one year and will be considered when vacancies occur. After one year we encourage you to refile your application. It should be complete and accurate in every detail. Failure to do so could result in dismissal. In case of appointment you will be notified promptly. Mail your completed application to the Superintendent of Schools at the address indicated above.

No person shall be employed in the District who is related to a member of the Board by blood (consanguinity) within the third degree, or by marriage (affinity) within the second degree. Art. 5996h, V.A.T.S. Policy BBFA

1. Full Name _____ Social Security No. _____
2. Present Address _____ Telephone No. _____
 _____ Zip Code _____
3. Permanent Address _____ Telephone No. _____
 _____ Zip Code _____

4. Give an account of your educational development (if applicable).
 Please list the high school and colleges you attended.

EDUCATIONAL DEVELOPMENT

School	Course of Study	Diploma, Degree or Certificate	Credit or Hours Received

5. Give a full and accurate account of your work experience.

WORK EXPERIENCE

Name of Company/Location	Position	Dates Worked	Reason For Leaving

Total Years of Work Experience _____

6. What machines are you qualified to use?
 ___ Computer ___ Typewriter ___ Calculator ___ Yard Tools ___ Kitchen Utensils
 ___ Other _____

7. Have you ever been convicted of a felony or offense involving moral turpitude? ___ yes ___ no

8. Do you hold a valid drivers license? ____yes ____no What kind? _____

9. Are you certified to drive a school bus? ____ yes ____ no

If not, are you willing to become certified? ____ yes ____ no

10. Add any additional information that will give us a more complete estimate of your training, experience, character, and ability. Copies of testimonials in your possession may be included.

11. When could you begin work? _____

12. Give at least five references, especially superintendents and principals under whom you have worked, who have first-hand knowledge of your character, personality, and ability.

REFERENCES

Full Name	Company Name	Mailing Address	Position / Title	Area Code/Phone #

I hereby affirm all information provided in this application is true and accurate to the best of my knowledge.

Signature

Date

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ADDENDUM TO APPLICATION
Confidential

The Moran Independent School District is required by state law to obtain criminal history information on all applicants for employment with the district (Texas Education Code Section 21.917). The information requested below is necessary to obtain criminal history record information

Full Name _____
(Print) Last First Middle

Social Security No. _____ Date of Birth _____

Driver's License No. _____

Sex: Male _____ Female _____

Ethnicity: Black _____ White _____

Hispanic _____ Other _____

I understand 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

DPS Computerized Criminal History (CCH) Verification

Moran Independent School District (AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Fingerprint Template Information

(Required of all Applicants)

Name (please print): _____
Last Name First Name Middle Name

Social Security' Number: ____/____/____

Drivers License State: _____

Drivers License Number: _____

Mailing Address: _____
Street or P.O. Box # City State Zip Code

Date of Birth: ____/____/____
(mm) (dd) (yyyy)

Phone Number: (home) _____ (cell) _____

E-Mail Address: (Print Clearly) _____