

GREENWOOD INDEPENDENT SCHOOL DISTRICT

2700 FM 1379
MIDLAND, TEXAS 79706
(432) 683-6461

Employment Application for Auxiliary Personnel

Greenwood Independent School District is an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, national origin, age, disability, sex, or any other legally protected status.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name of Applicant _____
Last First Middle

Date of Application _____ Social Security Number _____

Present Address _____

Other Address _____

Phone Number(s) Home _____ Work _____

Position for which you are applying _____
(if substitute - indicate grade level(s) preference; clerical; cafeteria; etc.)

Are you interested in any future aide, clerical, or cafeteria positions that might become available? (Please circle.)

Current Employment Status _____

When could you begin work in GISD? _____

Do you have a relative who is currently serving as a GISD Trustee? _____

If so, please give the name of relative and relationship _____

NOTICE TO ALL APPLICANTS: For employment consideration, applicant must:

1. Submit completed and signed application;
2. List five (5) or more references on application;
3. Have a personal interview, if requested, by the department supervisor, principal or superintendent;
4. Have at least a high school diploma and must submit a copy of diploma with application. If applicant has a college degree, then a copy of college transcript with degree must accompany application. If applicant is a certified teacher, attach a copy of teaching certificate;
5. Attend the districts' Substitute Academy, when offered, to continue active substitute status.

NOTE: THIS APPLICATION BECOMES PROPERTY OF GISD. THE DISTRICT RESERVES THE RIGHT TO ACCEPT OR REJECT IT. APPLICATIONS ARE HELD ON FILE FOR ONE YEAR. IF YOU WISH TO KEEP APPLICATION CURRENT AFTER THAT TIME, PLEASE SEND UPDATED INFORMATION AND LETTER OF INTEREST.

(Optional)

Photograph

PLEASE RETURN ALL APPLICATION TO THE CENTRAL OFFICE.

1. Have you ever served in the armed forces? yes no

If yes, what branch? _____

2. Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

yes no (Proof of citizenship or immigration status will be required upon employment.)

3. Have you ever been convicted of a felony or crime involving moral turpitude (including, but not limited to, sexual abuse or molestation, theft, rape, murder, indecency with a minor, misappropriation of funds, etc)? yes no

If yes, explain: _____

4. Condition of health for past two (2) years: _____

5. Have you any physical defects that may affect your performing the normal duties of your job? yes no

If yes, explain: _____

EDUCATIONAL/PROFESSIONAL TRAINING

Give full and accurate data regarding your educational development:

Name of Educational Institution	Courses Taken	Degree/Diploma & Year Earned	Credits/Hours Received
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High School _____

College/University _____

Graduate Work _____

Special Training _____

Please tell us about yourself. Use your own handwriting and additional sheets if necessary. _____

Tell us about your most recent job and why you wish to leave. _____

WORK EXPERIENCE

Give full and accurate data regarding your work experience. List most recent first. Use additional sheets if necessary.

Name of Employer/Address	Type of Job	Dates Employed	# Months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Give at least five (5) references, including employers and/or co-workers, who have first-hand knowledge of your character, personality and ability.

Name Position	Address	Phone #	Official
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. I understand that any falsification of information will be sufficient cause for rejection of application or termination if employed. Additionally, references and other information which become part of this application are to be regarded as confidential and shall not be revealed to me. By my signature below, I verify my understanding and agreement to the information listed above.

Signature _____

Date _____

This letter provides notice of reasonable assurance of continued employment with the Greenwood Independent School District when each school term resumes after a school break. By virtue of this notice, please understand that you may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Christmas, and spring breaks. This assurance is contingent on continued school operations and will not apply in the event of any disruption that is beyond the control of the district (e.g., lack of school funding, natural disasters, court orders, public insurrections, war, etc.).

Nothing contained herein constitutes an employment contract. Your continued employment is on an at-will basis. At-will employers may terminate employees at any time for any reason or for no reason, except for legally impermissible reasons. At-will employees are free to resign at any time for any reason or for no reason.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district.

Sincerely,



Mr. Ariel Elliott
Superintendent

Please complete the following information and return:

Name (Print)

Date

Signature

Social Security Number

Address

Telephone

City

State ZIP Code

**CRIMINAL HISTORY RECORD
WAIVER OF CONFIDENTIALITY**

The Greenwood Independent School District, 2700 FM 1379, Midland, Texas, 79706, is authorized by state law to obtain criminal history record information on applicants the district intends to employ or persons who intend to serve as volunteers for the district (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

Print or Type: _____
Full Legal Name (first, middle, last)

Street Address

City State Zip Code

Social Security Number

Texas Driver License Number

Date of Birth

Sex: _____ Male Ethnicity: _____ Black
 _____ Female _____ 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

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 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

Greenwood ISD
Agency Name (Please print)

Nancy Graham
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____ initial	
Destroyed Date: _____ initial	
Retain in your files	