

# 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 \_\_\_\_\_ Email 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. \_\_\_\_\_

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

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## 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 \_\_\_\_\_

To Whom It May Concern:

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 to Nancy Graham, 2700 FM 1379, Midland, TX 79706.

I would like to renew my status as a (*substitute*) employee. [check areas available]

Substituting: \_\_\_ Teacher \_\_\_ Cafeteria \_\_\_ Office/Clerical \_\_\_ Nurse \_\_\_ Custodial \_\_\_ Bus Driver

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP Code

\_\_\_\_\_  
Email Address



**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/Crime%20Records/Review%20of%20Personal%20Criminal%20History) 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

Greenwood ISD  
Agency Name (Please print)

Nancy Graham  
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: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	