

**CARTHAGE INDEPENDENT SCHOOL DISTRICT  
APPLICATION - AUXILIARY**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_ Custodial \_\_\_\_\_ Maintenance \_\_\_\_\_ Technology \_\_\_\_\_

Have you worked for Carthage ISD prior to this application? \_\_\_ Yes \_\_\_ No

Have you had experience in: \_\_\_\_\_ Custodial \_\_\_\_\_ Maintenance \_\_\_\_\_ Technology \_\_\_\_\_

Will you work part-time? \_\_\_ Yes \_\_\_ No Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name of School/Institution	Location	Diploma/Degree	Date	Time Spent

**WORK HISTORY**

Former Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Former Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**PERSONAL REFERENCES  
(Please do not list relatives)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

**Equal Opportunity Employer**

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

CISD Title IX Coordinator is J.Glenn Hambrick, Superintendent, #1 Bulldog Drive, Carthage, TX 75633 (903) 693-3806

# 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.

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 result of 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
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 <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
<b>Retain in your files</b>	

