

**CARTHAGE INDEPENDENT SCHOOL DISTRICT
APPLICATION - PARAPROFESSIONAL EMPLOYMENT**

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Position(s) Sought: _____ Aide _____ Secretary _____ Nurse RN/LVN# _____

Social Security Number _____ - _____ - _____

Have you worked for Carthage ISD prior to this application? Yes No Previous Experience as:

Educational Aide Yes No Secretary Yes No Nurse Yes No

If you answered "Yes" explain briefly _____

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

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	

CARTHAGE INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM
Confidential*

EXHIBIT A

I hereby affirm that all information provided in this application is true and accurate. I understand if the information provided is untrue or inaccurate or contains falsifications, misrepresentations or omissions of fact it will be grounds for rejection of my application or dismissal from subsequent employment.

I understand that I am required to hold a valid Texas drivers license or a state issued identification. I understand that I am required to report any criminal charges brought against me while the application for hire is pending or after I have been employed. I understand that if I ever drive a school vehicle that if my drivers license is revoked for any reason or if it should expire, I am required to notify my supervisor immediately. Failure to report a revocation, suspension or lapse in my driving privileges with the State of Texas for any reason is grounds for dismissal. I further understand and agreed that I have a duty to update a new drivers license when the state issues a new license thereby having my current drivers license on file with the personnel department at Carthage ISD at all times.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that the Carthage Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ. I authorize the district to update my criminal history record at any time during my employment with Carthage ISD. The information requested below is necessary to obtain criminal history record information.

Please print

Name _____
Last First Middle Maiden Any other Name Used

Social Security # _____ DL# _____
Issuing State

Date of Birth _____ Sex: _____ Male _____ Female Ethnicity: _____ Black _____ White/Other

Have you every been charged with, convicted of, or received deferred adjudication concerning any criminal charge? _____ Yes _____ No

If yes, please explain: _____

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

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