

# BOOKER INDEPENDENT SCHOOL DISTRICT

**SUPPORT APPLICATION**  
**Main and Mitchell Road**  
**P. O. Box 288 Booker, TX 79005**  
**Ph: (806) 658-4501 Fax: (806) 658-4503**

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.

*An Equal Opportunity Employer*

### CONTACT INFORMATION

Last Name:	First Name:	Middle Name:
Mailing Address:		Email Address:
City:	State:	Zip:
Home Phone:	Cell Phone:	Social Security Number:

### EMPLOYMENT DESIRED

Position Sought:	Grade Levels:	Date available to begin work:
Have you been employed with Booker ISD previously:		If yes, list dates of employment:

### EDUCATION AND TRAINING

School Attended	Name and address	Highest Grade Level	Graduate	Date and Type of Diploma or Degree Earned
High School			Y N	
College			Y N	
Post College			Y N	
Trade, Business, Correspondence			Y N	
Other				
List any current licenses, certifications or registrations:				
List any special training, experience, skills, or abilities:				
List all languages read, written or spoken fluently:				

Office Use Only

Date Received: \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_ Approved: YES / NO  
 CC: \_\_\_\_\_

### EMPLOYMENT HISTORY

Name and Address of Previous Employer:		Reason for Leaving:	
Supervisor:		Telephone:	
Dates of Employment: to	Job Title:	Full time or Part time: Number of hours per week:	
Job Duties:			

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Supervisor:		Telephone:	
Dates of Employment: to	Job Title:	Full time or Part time: Number of hours per week:	
Job Duties:			

### PERSONAL REFERENCES

Name	Address and Phone	Relationship

### STATEMENT OF AFFIRMATION

I hereby affirm that all information provided is true and accurate to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection or dismissal from subsequent employment.

I authorize release of all information concerning previous employment and any pertinent information, personal or otherwise and release all such parties from liability for any damage that may result from furnishing the same.

I understand that the District is authorized by Texas Education Code 22.083 to obtain criminal history record information on applicants the District seeks to employ.

Updated 12/1/15

**Applicant 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 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: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	