

EAST END COOP EMPLOYMENT APPLICATION FOR SUPPORT PERSONNEL

*An Equal Opportunity Employer**

Date of application _____			
Personal Data	Name _____ <i>Last First Middle initial</i>		
	Current address _____ <i>Street/Box City State ZIP Code</i>		
	Other address where you may be reached _____		
	Home phone _____ Cell phone _____ Other phone _____		
	Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>		
Position Data	List the position(s) for which you are applying _____		
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only		
	Date you can begin work _____		
	Have you been employed by East End COOP or Gorman ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____		
Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.		
	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
	Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary. Attach résumé if available.		
	Work Experience	Employer name and location	
Position/title held			Position/title held
Dates employed			Dates employed
Supervisor's name and phone			Supervisor's name and phone
Reason for leaving			Reason for leaving

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Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	Please list references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number
Education/Training	List the highest level of education attained: _____				
	Licenses and certificates granted _____				

	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted		Year graduated <i>(College only)</i>

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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Gorman ISD or East End Education COOP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p align="center">_____</p> <p align="center">Signature _____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 3 months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The Title IX Coordinator is Gary Speegle, Superintendent Gorman ISD, PO Box 8, Gorman, TX 76454, Office phone: 254-734-3171

East End Education COOP

*CONFIDENTIAL**

East End Education COOP is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please Print.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License _____
State and number

Mailing Address _____
Street or PO City State Zip

Sex: ____ Male ____ Female Ethnicity: ____ Black ____ 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

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

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

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:
YES _____ NO _____ _____ initial

Purpose of CCH: _____

Hire _____ Not Hired _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files