

# Texline Independent School District

## Food Service Worker

Employment Application *(Please Print)* Date: \_\_\_\_\_

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Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
City State Zip

Previous Address \_\_\_\_\_  
City State Zip

Home Telephone \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Telephone #

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### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Ever applied with Texline School District before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relative serving on the Board of Trustees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and relationship: \_\_\_\_\_

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### GENERAL INFORMATION

Qualifications for employment in the **Food Service Area** of Texline I.S.D. include at a minimum, the following:

1. **Ability to lift and carry 5 gallon containers of cooking oil and similar items.**
  2. **Ability to work well with adults and students.**
  3. **Ability to count money and make change.**
  4. **Ability to secure a health card.**
  5. **Ability to stand for extended periods of time.**
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EDUCATION	Name & Location of School	No. Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade/Business/ Correspondence School				
Other				

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**EMPLOYMENT BACKGROUND** (List below last four employers, starting with most current one first)

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DATE		Name & Address of Employer	Salary	Position	Reason for Leaving
Month & Year					
From					
To					
From					
To					
From					
To					
From					
To					

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Presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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**REFERENCES** (Give names of 3 persons not related to you, whom you have known at least one year)

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Name	Telephone Number	Business	Years Acquainted
1. _____			
2. _____			
3. _____			

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"I certify that the facts contained in this application are true and complete and to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and 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 parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

**THE Texline I.S.D. ADHERES TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITY AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR DISABILITY.**

*I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants for employment.*

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***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 a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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## Criminal History Record Information Consent & Release Form

I, \_\_\_\_\_, am an applicant for employment with **TEXLINE ISD** and have been advised that as apart of the application process, the employer conducts a criminal history background check. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. The employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the employer. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

\_\_\_\_\_  
Maiden and/or Other Last Names Used

\_\_\_\_\_  
City\*                                      County\*                                      State\*

\_\_\_\_\_  
Date of Birth\*\*                      Social Security Number\*\*                      Sex\*\*                      Race\*\*

\*AS SHOWN ON THE ORIGINAL APPLICATION

\*\*TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer.

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (excluding minor traffic violations) If YES, please provide an explanation below:  
\_\_\_\_\_YES    \_\_\_\_\_NO

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? If YES, please provide an explanation below:  
\_\_\_\_\_YES    \_\_\_\_\_NO

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? If YES, please provide an explanation below:  
\_\_\_\_\_YES    \_\_\_\_\_NO

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If YES, please provide an explanation below:

\_\_\_YES \_\_\_NO

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5. As of the date of this authorization, do you have any pending criminal charges against you? If YES, please provide an explanation below:

\_\_\_YES \_\_\_NO

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This section is to be used to list all counties and states of residence since age 18 or high school graduation. It is mandatory that you complete each field in its entirety, including the county, or we will be unable to process. You must be **SPECIFIC** about dates of residence. If more space is needed, please attach an additional sheet. **The county must be listed.**

City/Town	County	State	Dates	
			From	To

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the employer.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

Applicant Signature \_\_\_\_\_