

Texline Independent School District

Maintenance

Employment Application (Please Print) Date: _____

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 #

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: _____

Are you related by blood or marriage to any employee of Texline I.S.D.? _____ Yes _____ No
 If yes, give name and relationship: _____

GENERAL INFORMATION

In order to qualify for a Maintenance Position with Texline I.S.D., the following items are required at a minimum:

1. Must be 18 years of age or older.
2. Must have a good driving record (will be verified).
3. Must pass District physical exam.
4. Must pass a background check.
5. Must be able to read and understand drawings and prints.
6. Must be responsible for and maintain District tools and equipment.

Additionally, the Job Requirements will include:

1. Ability to climb ladders from 3' to 24' high.
 2. Ability to work from various heights and surfaces.
 3. Ability to work with students and adults in such a manner that will promote the educational goals of the District and maintenance of the facilities.
 4. Must be able to lift and carry 80 lbs.
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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				

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

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

Presently employed? Yes _____ No _____ May we contact your present employer? Yes _____ No _____

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

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

"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.

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: _____

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

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

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 _____