

Texline Independent School District

Secretarial/Clerical

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: _____

GENERAL INFORMATION Qualifications for secretarial/clerical positions include, but are not limited to the following:

1. Proficiency in typing – 45 words per minute minimum.
2. Must be High School Graduate or hold GED Certificate.
3. Must have the ability to meet and communicate with the public.

PROFICIENCIES Please indicate proficiencies:

- a. Word Processors Yes _____ No _____ Desk Calculator Yes _____ NO _____
- b. Computer Applications Yes _____ No _____
If yes, please list (spreadsheets, databases, etc.) _____
- c. Mainframe Computer Operations Yes _____ No _____
If yes, please list (IBM-36/AS400/NCR, etc.) _____
- d. Other office equipment on which you are proficient _____

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: _____

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

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 _____