

**BRECKENRIDGE INDEPENDENT SCHOOL DISTRICT**

208 North Miller Street

PO Box 1738

Breckenridge TX 76424

254-559-2278 (phone)

254-559-3180 (fax)

I.D. # \_\_\_\_\_

To be completed by, Business Office

**Employment Application for Service and Support Personnel**

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*

<b>Personal Data</b>	Date of application _____		Social Security number _____		
	Name _____				
	<i>Last</i>		<i>First</i>		<i>Middle Initial</i>
	Current Address _____				
	<i>Street/Box</i>		<i>City</i>	<i>St.</i>	<i>ZIP Code</i>
	Other address where you may be reached _____				
	Work phone _____		Home phone _____		
<b>Position Data</b>	Cell Phone _____				
	Other name(s) that may appear on records _____ <small>(Used only for reference checks)</small>				
	List the position(s) you are applying for: _____				
	Type of employment: <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only				
	Date you can begin work: _____				
<b>Education / Training</b>	Have you been employed by the Breckenridge I.S.D. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If you answered yes, provide dates of employment _____				
	Check the highest level of education attained:				
	<input type="checkbox"/> Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12				
	<input type="checkbox"/> High school graduate		<input type="checkbox"/> GED	<input type="checkbox"/> Less than two years of college	
	<input type="checkbox"/> Two or more years of college		<input type="checkbox"/> Bachelor's degree		
	<input type="checkbox"/> Master's degree		<input type="checkbox"/> Other training or education		
	Licenses or certificates held _____				
	Name and location of schools attended		Course of study and major / minor	Diploma, degree, certificate, or license held	Graduate Yes or No

Work Experience	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 (bus driver applicants, see addendum). Attach resume if available.			
	Employer and location	Position/title	Dates employed	Reason for leaving
Special Skills	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience. You may include more than one piece of equipment per space provided if necessary.			
	1. _____		2. _____	
	3. _____		4. _____	
	5. _____		6. _____	
<p>Do you have a relative who serves on the Breckenridge I.S.D. Board of Trustees? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, please provide the relative's name and relationship to you:</p>				
<p>Have you ever been convicted of or plead guilty or no contest (nolo contendere) or received deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:</p>				
<p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offenses and the position for which you are applying)</p> <p>Have you been sentenced to jail or placed on probation or deferred adjudication in the past 10 years for a misdemeanor or felony?  Yes _____ No _____</p> <p>If yes, please explain in detail, including offense, court, circumstances and final disposition: _____</p>				

Do you have any criminal charges presently pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail, including offense, court, circumstances and present status: \_\_\_\_\_

Have you ever resigned in lieu of termination or been terminated?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail the circumstances surrounding the resignation: \_\_\_\_\_

Have you ever been placed on administrative leave for investigatory or disciplinary purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail the circumstances: \_\_\_\_\_

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full name of Reference	School district / firm name	Mailing address	Position/title	Area code/ phone number

References

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.

I authorize the references listed on the previous page 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.

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 not to exceed 1 year from the date of application. 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.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants selected for employment. I understand that any information obtained from a reference is confidential information and by signing below I waive all of my rights under the Texas Public Information Act and Freedom of Information Act to receive copies of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Verification



### Addendum for School Bus Driver Applicants

Each person who applies to be a bus driver must provide the following information at the time of application. All job offers will be conditioned upon a satisfactory drug test and certification of physical fitness.

*An Equal Opportunity Employer*

#### Personal Data

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Driver's license number \_\_\_\_\_ Type \_\_\_\_\_

Hours available for work \_\_\_\_\_

Do you have school bus certification?     Yes     No

1. Have you ever had a driver's license suspended, revoked, or canceled?     Yes     No If you answered yes, please explain:

2. Have you ever been convicted afar plead guilty or no contest (nolo contendere) to any traffic violation?     Yes  
 No

If yes, state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication.

#### Work Experience

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on the back of this sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

#### Verification

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

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application.

Furthermore, I authorize the information I've provided to be used; previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Confidential \*  
Criminal History Record Information Addendum

The Breckenridge Independent School District is authorized by state law to obtain criminal history record information on applicants being considered for employment (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

*Please print.*

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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 personnel office.