

MARLIN INDEPENDENT SCHOOL DISTRICT
 130 Coleman Street Marlin, Texas 76661 254/883-3585

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of medical condition, disability or any other legally protected status.

An Equal Opportunity Employer

<u>Personal Data</u>			
Date of application _____		Social Security Number _____	
Name _____			
Last	First	Middle	
Current Address _____			
Street/Box	City	State	ZIP Code
Other address where you may be reached _____			
Work Phone _____		Home Phone _____	
Other name that may appear on records _____			
<u>Position Data</u>			
Position for which you are applying:			
<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Custodian	<input type="checkbox"/> Grounds	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Secretary	<input type="checkbox"/> Food Services	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Other _____
Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer Only			
Date Available _____			
Former Marlin ISD Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, dates of employment: _____			
<u>Educational/Training</u>			
Check highest level attained.			
<input type="checkbox"/> Not High School Graduate - Last grade completed _____			
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> Less than 2 years college	
<input type="checkbox"/> Two or more years college	<input type="checkbox"/> Bachelor's degree		
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other training or education _____		
Licenses/certifications held _____			
Schools Attended: List all applicable information.			
Name of School & Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary. (Bus driver applicants, see back page.)

Employer and Location	Position	Dates Employed	Reason for Leaving

Special Skills

List specific skills and/or machines or equipment you can operate. Include typing speed and number of years of experience.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

General Information

Do you have a relative who is a member of the Marlin I.S.D. Board of Education? Yes ___ No ___ If yes, please give the name of relative and relationship.

Have you ever been convicted of a felony or offense involving moral turpitude, but not limited to, theft, rape, murder, swindling, and indecency with a minor? Yes ___ No ___ If yes, please state where, when, and the nature of the offense.

(Conviction of a felony 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.)

References

Please list below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	School District/Firm Name	Mailing Address	Area Code/Phone No.

Verification

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 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 any liability for any damage that may result from furnishing same to you.

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

This application becomes the property of the district. The district reserves the right to accept it or reject it. This application shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

**CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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***AS SHOWN ON THE ORIGINAL APPLICATION
**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL
FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. 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. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. 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 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. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State:	County:	Date of Offense:	/ /
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Details of conviction:

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State:	County:	Date of Offense:	
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Details of offense:

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____