

# Walnut Springs ISD

PH 254-797-2132 or 254-797-2133

PO Box 63 Walnut Springs, TX 76690

Superintendent Pat Garrett Principals Lonnie Flippen & Kelly Ott

### Employment Application for Paraprofessional – Substitute - Bus Driving Personnel

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

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PERSONAL DA	TA					
Name						
Name (as it is on you	r Driver's License):LAS			FIRST	MIC	DDLE
Email:					WIDDEL	
Current Address:						
current Address.	STREET/BOX		CITY		STATE	ZIP
Other Address						
Where You May Be Reached:	CTDEET /DOV		CITY		CTATE	710
Reactieu.	STREET/BOX		CITY		STATE	ZIP
Social Security #_		*D.O.B		DL#		_ State:
Preferred Phone	Contact: Cell	Home				
Cell· -	<u>-</u> +	lome: -	_	Work:		
CCII	·		_			
Name Used On Red	cords If Different Fro	m Present Nam	e:		<u></u>	
POSITION DAT	A					
Application Date _	Date Ava	ilable	Position for wh	ich you are app	lying:	
	Please include a	all of the Creder	ntials listed belov	 w with your Ap	plication:	
1. Resume 3. All Teaching & Professional Certificates						
2. All Transcripts Showing Degree (Front and Back, if appropriate)						
Former WSISD Employee? Yes No If Yes Dates of Employment						
EDUCATION/T	RAINING					
Schools Attended:	List All Applicable Ir	nformation				
	ool And Location		Major/Minor Fields	Diploma, Degr	ee, Or Certificate	Year Graduated
1				1		1

	<u> </u>				
OTHER WORK EXPERIEN	ICE				
lease provide a complete listi					past 10 years,
eginning with the most recen				CH RESUME.	
School District/Firm Nar	ne Positio	n/Title Dates	Employed	REASON F	OR LEAVING
GENERAL INFORMATION	V				
, please state where, when,					
		The district will consider	the nature, dat	e, and relationship	between the offense
d the position for which you are app		The district will consider	the nature, dat	e, and relationship	between the offense
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VERIFICATION  I hereby affirm that all inform nderstand that any deliberate fapplication or dismissal from subsome I authorize the references list mployment and any pertinent in the district polications selected for employngent and that the district polications selected for employngent.	nation provided in this lisifications, misrepressequent employment. ted on the previous particular formation they may he furnishing same to you is required by Texas Ement.	d regarding your worganizations who ever executed application is true and executed application is true and executed application or omissions ge to give you any and executed accordance or otherword.  ducation Code 22.083  et. The district reserve exeed 365 days. Any ap	I accurate to to of fact may be all informationise, and release to obtain crims the right to plicant wishin	lease include al upervised your version Title  The best of my know grounds for rejunction concerning my see all such parties all such parties accept or reject in g to be considered.	AC / Phone #  Owledge, and I dection of my  or previous s from liability for rd information on t. This application

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FOR SCHOOL USE ONLY:

Date application received:

Incomplete Applications will NOT be accepted. Faxed Applications ARE NOT accepted.



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Walnut Springs, TX 76690

Superintendent Pat Garrett Principal Lonnie Flippen & Kelly Ott

Addendum to Application

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

#### **CONFIDENTIAL**

THE WALNUT SPRINGS INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON ALL APPLICANTS FOR EMPLOYMENT WITH THE DISTRICT (TEXAS EDUCATION CODE SECTION 22.083)

I UNDERSTAND THE INFORMATION SET FORTH BELOW WILL BE USED BY THE DISTRICT SOLELY FOR THE PURPOSE OF OBTAINING CRIMINAL HISTORY RECORD INFORMATION AND WILL NOT BE USED IN ANY MANNER RELATED TO DETERMINING THE ELIGIBILITY FOR EMPLOYMENT WITH THE DISTRICT.

		Signature of Applicant	Date
	Other	White	
Ethnicity:	Black	Hispanic	
	Female		
Sex:	Male		
Driver's Lice	ense Number:	State:	
Social Securi	ty Number	<u></u> * D.O.B	
Casial Casuri	tu. Numah ar	* D O B	
Name (as it is	on your Driver's Licen	nse):	

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.\*

\*This form will be processed separately and not shared with the hiring manager. Approved by the Texas Commissioner of Education, October 2017.

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### **Pre-Employment Affidavit for Applicant**

For purposes of this affidavit:

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (nolo contendre), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following: (please initial	by the correct respo	onse below)			
I have never been charge inappropriate relationship with a n	•	ted for, or co	onvicted of hav	ing an	
I have been charged with relationship with a minor. The chare The following are all of the relevan conviction:	ge, adjudication	, or convicti	on was determ	ined to be <u>f</u>	
I have been charged with relationship with a minor. The chare the following are all of the relevan	ge, adjudication	, or convicti	on was determ	ined to be <u>t</u>	<u>rue</u> .
<b>Declaration of Applicant</b> The following affidavit is offered to sa pre-employment affidavit, in accordan An applicant who is offered employme same. I declare under penalty of perjury t	nce with Texas Civi ent will be asked to	il Practices an o complete a	d Remedies Cod notarized affidav	e section 1 3	2.001.
Name (First, Middle, Last)			Date of Birth		
Address (Street, City, State, Zip Code)			County		
Executed in Cou	inty, State of	on the <sub>ote</sub>	day of	Month	Year
(Signature of Declarant)		·———		_	
I understand that the date of birth I am p	providing will not be for the purpose of			employment	but will
*This form will be processed separa	itely and not shared	with the hirin	g manager. Appro	ved by the Te	xas

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Commissioner of Education, October 2017.

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

\_\_\_\_\_\_, acknowledge that a Computerized Criminal

History (CCH) check may be performed by accessing the Texas Department of Public Safe						
	History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure					
Website and may be based on <u>name and DOB</u> identifiers. (This is not a consent form; but serves as						
information for the applicant.) Authority for this agency to access an individual's criminal history						
data may be found in Texas Government Code 411; Subchapter F.						
Name-based information is not an exact search and only fingerprint record	I searches					
represent true identification to criminal history record information (CHRI), there						
organization conducting the criminal history check is not allowed to discuss with me						
obtained using the <u>name and DOB</u> method. The agency may request that I also have a f	<del></del>					
search performed to clear any misidentification based on the result of the <u>name and DO</u>						
In order to complete the fingerprint process I must make an appointment with the F	<del></del>					
Applicant Services of Texas (FAST) as instructed online at <a href="https://www.d.ps.texas.gov">www.d.ps.texas.gov</a>						
Records Information/Review of Personal Criminal History or by calling the DPS Program Ve						
888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to t	the agency					
listed below, and pay a fee of \$25.00 to the fingerprinting services company.						
Once this process is completed the information on my fingerprint criminal histo	ory record					
may be discussed with me.						
(This copy must remain on file by this agency. Required for future DPS Audits)						
To be Completed by Applicant						
Signature of Applicant or Employee (optional)  Date						
Signature of Applicant of Employee (optional)						
To be Completed by America						
To be Completed by Agency						
Please:	liachla Caasa					
Check and Initial each App	ilicable Space					
CCU Papart Printed:						
Agency Name (Please print) CCH Report Printed:						
Agency Name (Please print)	initial					
Agency Name (Please print)  YES No						
Agency Name (Please print)  YES No						
Agency Name (Please print)  Agency Representative Name (Please print)  YESNo  Purpose of CCH:	initial					
Agency Name (Please print)  Agency Representative Name (Please print)  YES No Purpose of CCH: EmplVolunteer	initial initial					
Agency Name (Please print)  Agency Representative Name (Please print)  YES No  Purpose of CCH:  Empl Volunteer  Date Printed:	initial initial					