



**CENTER POINT INDEPENDENT SCHOOL DISTRICT**  
 PO BOX 377 \* CENTER POINT, TX 78010 \* (830) 634-2171 \* FAX: (830) 634-2254  
**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

*An Equal Opportunity Employer\**

<b>Personal Data</b>	Date of application _____ SSN: _____ <i>(Providing your Social Security number allows the district to verify your certification. Disclosure is optional.)</i>																						
	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div>																						
	Current address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Street/Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP Code</i></span> </div>																						
	Other address where you may be reached _____ Work phone _____ Home phone _____ Other name that may appear on records _____ <i>(Used for certification, reference, and criminal history record checks)</i>																						
<b>Position Data</b>	List the position(s) you are applying for _____																						
	Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer only																						
	Date you can begin work _____																						
	Have you been employed by Center Point ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____																						
<b>Education/Training</b>	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																						
	<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 and certificates held _____ _____ _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name and location of schools attended</th> <th style="width: 25%;">Course of study and major/minor</th> <th style="width: 25%;">Diploma, degree, certificate, or license held</th> <th style="width: 25%;">Year graduated <i>(College only)</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year graduated <i>(College only)</i>																
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<b>Work Experience</b>	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 résumé if available.			
	Employer and location	Position/title	Dates employed	Reason for leaving
<b>Special Skills</b>	List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience.			
	1. _____		4. _____	
2. _____		5. _____		
3. _____		6. _____		
<b>General Information</b>	Do you have a relative who serves on the _____ ISD Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____ _____			
	Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please state where, when, and the nature of the offense _____ _____ _____ _____			
	(A felony conviction 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.)			





# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	