

**GRAFORD ISD APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS**

*Used for all personnel who are required to have a CDL.*

***An Equal Opportunity Employer\****

<b>Personal Data</b>	Name _____ Phone number _____ <small><i>Last First Middle initial</i></small>
	Hours available for work _____ Driver's license number _____ Type _____
	Do you have a Texas School Bus Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever had a driver's license suspended, revoked, or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____
<b>Background Check Information</b>	Are there any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____
	In the past 10 years, have you: (1) been convicted of or received deferred adjudication, probation, or other adjudication for a serious traffic violation (as defined by Texas Transportation Code §522.003(25)); or (2) forfeited bond or collateral for, or been convicted of, any other violation of motor laws or ordinances (other than parking violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state where, when, and the nature of the offense _____ _____ _____
	In the past two years, have you failed an employer's alcohol or drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain _____ _____ _____
	_____



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<b>Driving Experience</b>	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 another sheet if necessary.			
	Employer address and phone	Kind of work	Dates employed	Reason for leaving
<b>Verification</b>	<p>I hereby affirm that all information provided in this addendum 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.</p> <p>I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and is required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check. I also understand that after employment, I am required to pass a physical examination and drug test.</p> <p>Furthermore, I authorize the information I've provided to be used; authorize 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.</p> <p align="right"> <span style="margin-right: 100px;">_____</span> <span>_____</span>                      Signature Date                 </p>			

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Lori Henderson, Ex Dir of Student Services, 940.664.3101 .



**GRAFORD ISD APPLICATION FOR SUBSTITUTE TEACHER**

*An Equal Opportunity Employer\**

Date of application _____				
<b>Personal Data</b>	Name _____ <small style="display: inline-block; width: 30%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle initial</small>			
	Mailing address _____ <small style="display: inline-block; width: 30%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 15%; text-align: center;">ZIP Code</small>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)				
<b>Assignment</b>	Please list the days you are available to substitute and your assignment preferences.			
	Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education Preferred campuses: _____ _____			
<b>Position Data</b>	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by Graford ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
<b>Education/Training</b>	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>



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<b>Certification</b>	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____  Category/Level(s) of Certification: _____  Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____ _____			
	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	<b>Teaching Experience</b>	Name and location of school		Name and location of school
Type of assignment			Type of assignment	
Dates taught			Dates taught	
Principal's name and phone			Principal's name and phone	
Reason for leaving			Reason for leaving	
Name and location of school			Name and location of school	
Type of assignment			Type of assignment	
Dates taught			Dates taught	
Principal's name and phone			Principal's name and phone	
Reason for leaving			Reason for leaving	

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<b>Other Work Experience</b>	Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.				
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
Reason for leaving		Reason for leaving			
<b>References</b>	List references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

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<b>General Information</b>	<p>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</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
<b>Verification</b>	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <p align="center">_____ Signature</p> <p align="right">_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Lori Henderson, Ex Dir of Student Services, 940.664.3101 .

**CRIMINAL HISTORY INFORMATION REQUEST**

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**Confidential**

The Graford Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

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

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

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

\_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

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

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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 searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

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

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

\_\_\_\_\_  
Date

Graford ISD

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

Mischelle Davis

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

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

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	