

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 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	

Special Skills	List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.	
	1. _____	4. _____
	2. _____	5. _____
	3. _____	6. _____

General Information	Do you have a relative who serves on the Board of Education or is an employee of Martins Mill ISD? <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; indicated whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication.	

(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.)	

References	Please 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

Verification	<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 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 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 of applicants.</p>
	<p>_____</p> <p>Signature _____ Date</p>
	<p>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 <u>12</u> months. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

The district Title IX Coordinator is:
James Oliver, Superintendent
301 FM 1861
Ben Wheeler, TX 75751
(903) 479-3872

MARTIN'S MILL INDEPENDENT SCHOOL DISTRICT

301 FM 1861 ~ BEN WHEELER, TX 75754
(903) 479-3872 PHONE ~ (903) 479-3711 FAX

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL - This form will be removed from the application and filed separately.

The Martin's Mill Independent School District is authorized by Texas Education Code 22.083 to obtain criminal history record information on persons the District intends to employ. The information requested below is necessary to obtain criminal history record information.

Please print

Full name (Please print): _____
Last First Full Middle Name

Address: _____

Telephone #: _____

List any and all other name(s) previously used, including maiden name:

Social Security Number: _____ **Date of Birth:** _____

Driver's License #: _____ **Issuing State:** _____

Sex: Male Female

Ethnicity:

Black
 White
 Hispanic
 Other _____

I understand 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. My signature authorizes the release of any and all police/criminal history information to Martin's Mill Independent School District.

Signature

Date

THIS AREA FOR OFFICE USE ONLY

No Matching Records

Matching Records

Approved

Approved

By: _____

Date: _____

**MARTIN'S MILL INDEPENDENT SCHOOL
DISTRICT 301 FM 1861 ~BEN WHEELER, TX 75754**

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, (printed name) _____, 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 date of birth information 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 (as listed below) conducting the criminal history check is not allowed to discuss any criminal history information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the name and date of birth search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

If I need to be fingerprinted, I have been made aware that in order to complete this process I must have the correct fingerprinting form (*FAST Fingerprint Pass*) from this agency, make an online appointment with Fingerprint Applicant Services of Texas (FAST) at www.identogo.com or by calling 1-888-467-2080, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company.

Signature of Applicant or Employee

Date

Martin's Mill ISD

Agency Name (Please print)

Michele Butcher

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ initial
Purpose of CCH:	_____
Date Printed	_____ initial
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ initial
Destroyed Date:	_____ initial
<input type="checkbox"/> Employment Applicant	<input type="checkbox"/> Student Teacher
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Substitute Teacher
<input type="checkbox"/> Maintenance/Food Service	<input type="checkbox"/> Bus Driver
Retain in your files	

This copy must remain on file by your agency. Required for future DPS Audit