

**APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

***Karnack Independent School District***  
*An Equal Opportunity Employer\**

|                           |   |          |                             |
|---------------------------|---|----------|-----------------------------|
| Date of application _____ |   |          |                             |
| <b>Personal Data</b>      | Name _____<br><div style="display:flex; justify-content:space-between; font-size:small; margin-top:-5px;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div>                                     |          |                             |
|                           | Current address _____<br><div style="display:flex; justify-content:space-between; font-size:small; margin-top:-5px;"> <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 _____  |          |                             |
|                           | Home phone _____ Cell phone _____ Other phone _____   |          |                             |
|                           | Other name that may appear on records _____<br><i>(Used for certification, reference, and criminal history record checks)</i>   |          |                             |
| <b>Position Data</b>      | List the position(s) for which you are applying _____   |          |                             |
|                           | 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 _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered yes, provide dates of employment _____   |          |                             |
| <b>Special Skills</b>     | List specific skills, software proficiency, and any machines or equipment you can operate. Include number of years of experience.   |          |                             |
|                           | 1. _____  | 4. _____ | _____                       |
| <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 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          |

Please email completed application to [jmccray@karnackisd.org](mailto:jmccray@karnackisd.org)



## APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

|                           |  |                                 |  |                |   |
|---------------------------|--|---------------------------------|--|----------------|---|
| <b>Work Experience</b>    | 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>         | Please list references the district can contact regarding your work history. |                                 |  |                |   |
|                           | Full name of reference   | School district/<br>firm name   | Mailing address                                  | Position/title | Area code/<br>phone number              |
|                           |  |                                 |  |                |   |
|                           |  |                                 |  |                |   |
|                           |  |                                 |  |                |   |
|                           |  |                                 |  |                |   |
| <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<br><i>(College only)</i> |
|                           |  |                                 |  |                |   |
|                           |  |                                 |  |                |   |

Please email completed application to [jmccray@karnackisd.org](mailto:jmccray@karnackisd.org)





## DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, \_\_\_\_\_, have been notified that a Computerized  
 Typed Applicant or Employee  
 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.

Because the named based information is not an exact search on 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 above, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment services.

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

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

|  |  |
|--|--|
| <p>_____<br/> <b>Typed Signature of Applicant or Employee</b></p> <p>_____<br/> <b>Date</b></p> <p><b>Karnack Independent School District</b><br/> <b>Agency Name</b></p> <p>_____<br/> <b>Agency Representative</b></p> <p>_____<br/> <b>Signature of Agency Representative</b></p> <p>_____<br/> <b>Date</b></p> | <p style="text-align: center;"><b>For Agency Use Only</b></p> <p><b>Please Check and Initial each available space</b></p> <p><b>CHH Report Printed</b> ___ Yes ___ No ___ <b>Initial</b></p> <p><b>Purpose of CHH</b> _____</p> <p><b>Hire :</b> ___ Yes ___ No ___ <b>Initial</b></p> <p><b>Date:</b> _____</p> <p><b>Destroy Date;</b> _____</p> |
|--|--|

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

## Pre-Employment Affidavit for Applicant

*For purposes of this affidavit:*

*Adjudication and conviction refer to a conviction, plea of guilty or no contest (nolo contendere), 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 check the correct statement)

I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be true. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

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### Declaration of Applicant

*The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.*

I declare under penalty of perjury that the foregoing is true and correct.

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Name (First, Middle, Last)

Date of Birth

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Address (Street, City, State, Zip Code)

Executed in Harrison County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*Date Month Year*

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(Typed Signature of Declarant)

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 pre-employment affidavit.\*

I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.