



# PAWNEE INDEPENDENT SCHOOL DISTRICT

6209 FM 798 / P.O. Box 569 Pawnee, Texas 78145

Phone Number: (361) 456-7256 FAX Number: (361) 456-7388

## EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

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

*An Equal Opportunity Employer*

<b>Personal Data</b>	Date of application: _____ Social Security Number: _____																						
	Name: _____ <i>Last First Middle Initial</i>																						
	Current Address: _____ <i>Street/Box</i>																						
	_____ <i>City State ZIP Code</i>																						
	Other address where you may be reached: _____																						
<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																						
	Date you can begin work: _____																						
	Have you been employed by Pawnee 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 12																						
	<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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# EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL

<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. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____

<b>General Information</b>	<p>Do you have a relative who serves on the Pawnee ISD Board of Education?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p>
	<p>Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or 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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: _____</p> <p>_____</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>

**EMPLOYMENT APPLICATION FOR SERVICE AND SUPPORT PERSONNEL**

Please list references the District can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

**References**

Full Name of Reference	School District/ Firm Name	Mailing Address	Position/Title	Area Code/ Phone Number

**Verification**

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.

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.

I understand that the District is authorized by Texas Education Code § 22.083 to obtain criminal history record information on applicants the district intends to employ.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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 a period not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.



**ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS**

Each person who applies to be a bus driver must provide the following information at the time of application.  
NOTE: Bus drivers must pass a physical examination and a drug test.

*An Equal Opportunity Employer*

**Personal Data**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hours available for work \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Type \_\_\_\_\_

Do you have a Texas School Bus Driver Training Certificate? .....  Yes  No

If you answered yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges or proceedings pending against you? .....  Yes  No

If you answered yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation? .....  Yes  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? .....  Yes  No

If you answered yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS**

**Driving Experience**

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

**Verification**

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the District is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code §22.084 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I have provided to be used; 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date