



Gause Independent School District
400 College/P.O. Box 38
Gause, Texas 77857
(979) 279-5891
(979) 279-5142 Fax



Dear Applicant:

We appreciate your interest in a position with the Gause Independent School District. The following is provided to help you in completing the application.

General Information

All information requested on the application form should be filled out completely and signed by the applicant. References must be listed as requested. Include full names, title, telephone numbers with area codes, and correct addresses with zip codes for all references.

If there is not an immediate vacancy for which you are qualified, your application will receive consideration as vacancies occur. This application becomes the property of the District. The District reserves the right to accept it or reject it. This application shall be considered for twelve months. You will need to reactivate your application after **twelve months** for continued consideration.

Submission of an application authorizes the school district to contact the references listed on the application for employment from any pertinent source and authorizes a criminal history record check.

INFORMATION

Requirements for completion of file after contract extended and before first paycheck.

1. Application
2. W-4 Form
3. I-9 Citizenship Form
4. Drivers License/Social Security Card
5. Complete Official Transcript(s), a copy of your High School Diploma or GED
6. Meet with Business Office (re: payroll, insurance, sick leave bank)

The Criminal History Record release form that is included with the application must be fully completed and signed.

Applications must be returned to Gause ISD Personnel Office. Our office hours are between 8:00 a.m. and 4:00 p.m. Monday – Friday.

Gause ISD does not discriminate against anyone due to race, creed, handicap, religion, or national origin; nor shall any person be denied employment because of age, sex, or marital status.

42 U.S.C. 1981; 42 U.S.C. 2000e et seq. (Title VII); 20 U.S.C. 1681 et seq. (Title IX); 42 U.S.C. 12100 et seq. (Americans with Disabilities Act); 29 U.S.C. 621 et seq. (Age Discrimination in Employment Act); 29 U.S.C. 793, 794 (Rehabilitation Act); U.S. Const. Amend I; Labor Code Chapter 21 (Texas Commission on Human Rights Act)

Date Received _____

For Office Use Only

Substitute: _____

**GAUSE INDEPENDENT SCHOOL DISTRICT
PERSONNEL DEPARTMENT**

400 College, P.O. Box 38
Gause, Texas 77857
(979) 279-5891 Fax (979) 279-5142

**Employment Application
Personal Data**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran status, the presences of a medical condition, disability, or any legally protected status. *(An Equal Opportunity Employer)*

Please note: This application will be on file for one (1) year from the date of application.

Name: _____
Last First Middle Initial

Current Address: _____
Street City State Zip Code

Applicant Email: _____ (_____) _____
Cell Phone Number

_____ (_____) _____
Date of Birth** Social Security Number ** Home Phone Number

****To Be Used Only For Criminal History Searches, And Not A Part Of The Personnel File****

Position Data

Position(s) for which you are applying:

Instructional Aide _____ Maintenance/Custodial _____

Secretarial/Clerk _____ Transportation _____

Food Service _____ Substitute Teacher _____

Type of employment: Full Time _____ Part-Time _____ Summer Only _____

Date available for employment: _____

Are you a former Gause ISD employee? Yes _____ No _____

If yes, give date(s) of employment: _____

Are you a certified Texas teacher? () Yes () No

If yes, how many years of teaching experience do you have? _____

Are you a retired teacher and receiving benefits from the Texas Teacher Retirement System? () Yes () No

If yes, what was your teaching field and/or grade level? _____

Education and Training

Please check the highest level attained:

_____ High School graduate _____ Bachelor's Degree _____ Master's Degree

_____ Not a High School graduate (circle last grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

_____ GED (give date completed: _____)

_____ Two or more years of college

_____ Licenses and/or certifications held:

Schools attended – please list all applicable information (junior high, high school, colleges, etc.):

Name of school & location	Course of study, major/minor fields	Diploma, degree, certificate	Year graduated
High School:			
Technical School:			
College:			

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past ten (10) years. List the most recent job/position first. You may attach additional sheets if necessary. Please provide complete information on all jobs/positions held.

Name of Employer and Location	Your Position/Title	Dates Employed From To	Your Reason For Leaving

General Information

Have you ever been convicted of or plead guilty or no contest (nolo contende) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, or indecency with a minor)?

() YES () NO

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: _____

Conviction of a felony is not an automatic bar to employment. The Gause Independent School District will consider the nature, date, and relationship between the offense and the position for which the applicant is applying.

References

Please list below who may be contacted regarding your work history. Please include all managers/supervisors at the last two (2) employing organizations that evaluated or supervised your performance. Please complete all information requested.

Full Name of Reference	Position/Title of Reference	School District or Company Name	Complete Mailing Address	Telephone Number

Verification of Information

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 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 any liability for any damage that may result from furnishing same to you.

I understand that the Gause Independent School District is required by Texas Education Code 21.917 to obtain criminal history record information on applicants selected for employment. The criminal history record release is attached to the application.

This application becomes the property of the Gause Independent School District. The Gause I.S.D. reserves the right to accept or reject it. This application shall be considered active for one (1) year from the application date. For your application to remain active after one (1) year, please call the Personnel Office with any updated information.

Signature of Applicant

Date of Application

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

I, _____, have been notified that a Computerized
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)
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 information I supply.

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 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 fingerprint 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, submit a full and complete set of my fingerprints, and request a copy to be sent to the agency listed below.

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

Agency Name (Please Print)

Date

Agency Name Representative (Please Print)

Signature of Agency Representative

For Agency Use Only:

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES ___ NO ___	_____ Initial
Purpose of CCH: _____	
Hire ___ Not Hired ___	_____ Initial
Date Printed: _____	_____ Initial
Date Destroyed: _____	_____ Initial
Retain in your files	