



# Cayuga ISD

## Employment Application Packet for Service and Support Personnel

Thank you for applying to join the Wildcat Family!

Please make sure you complete all the following forms in this application packet.

- Employment Application for Service and Support Personnel
- Pre-Employment Affidavit
- DPS Computerized Criminal History Verification
- Criminal History Information Addendum

**WE CAN NOT PROCESS YOUR APPLICATION WITHOUT THESE FORMS COMPLETED.  
These forms are fillable but you must PRINT and SIGN these forms.**

You may scan and email this packet back to:  
[sjdouglas@cayugaisd.com](mailto:sjdouglas@cayugaisd.com)

You may mail completed forms to:  
CAYUGA ISD  
Attn: Samantha Douglas HR Coordinator  
P. O. BOX 427  
CAYUGA, TEXAS 75832

You may return these forms to  
Cayuga ISD Administration office located at  
17750 N. US Hwy 287  
Tennessee Colony, TX 75861  
Use the High School Entrance and the  
Administration office is the first door to the left.



DATE OF APPLICATION

We consider applicants for all positions without regard to race, color, national origin, religion, sex, marital, or veteran status, the presence of medical condition, disability, or any other legally protected status.  
Cayuga ISD is an Equal Opportunity Employer

FIRST NAME	MIDDLE INITIAL	LAST NAME	MAIDEN NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICAL ADDRESS		CITY	STATE ZIPCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
MAILING ADDRESS		CITY	STATE ZIPCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
CELL PHONE	HOME PHONE	CURRENT EMPLOYER	WORK PHONE W/ EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER NAMES THAT MAY APPEAR ON RECORDS (TO BE USED FOR REFERENCE CHECKS)			
<input type="text"/>			

LIST THE POSITIONS FOR WHICH YOU ARE APPLYING  DATE YOU CAN BEGIN WORK

TYPE OF EMPLOYMENT  FULL TIME  PART TIME  SUMMER ONLY

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HAVE YOU EVER BEEN EMPLOYED BY CAYUGA ISD?  NO  YES  
IF YES PLEASE LIST DATES OF PREVIOUS EMPLOYMENT

DO YOU HAVE A RELATIVE WHO IS A MEMBER OF THE CAYUGA ISD BOARD OF TRUSTEES?  NO  YES  
IF YES PLEASE PROVIDE THE NAME OF RELATIVE AND THE RELATIONSHIP

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST (NOLO CONTENDERE) OR RECEIVED PROBATION, SUSPENSION, OR DEFERRED ADJUDICATION FOR A FELONY OR OFFENSE INVOLVING MORAL TURPITUDE (INCLUDING, BUT NOT LIMITED TO, THEFT, RAPE, MURDER, SWINDLING, OR INDECENCY WITH A MINOR)?  NO  YES  
IF YES PLEASE STATE WHERE, WHEN AND THE NATURE OF THE OFFENSE

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.




**EDUCATIONAL / TRAINING**

Check highest education level attained.

NOT A HIGH SCHOOL GRADUATE (CHECK LAST GRADE COMPLETED)

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

HIGH SCHOOL GRADUATE                       GED                       LESS THAN TWO YEARS COLLEGE  
 TWO OR MORE YEARS COLLEGE                       BACHELOR'S DEGREE                       MASTER'S DEGREE  
 OTHER TRAINING OR EDUCATION  \_\_\_\_\_  
 LICENSES / CERTIFICATIONS HELD  \_\_\_\_\_

**SCHOOLS ATTENDED**

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY: MAJOR/MINOR FIELD	DIPLOMA, DEGREE, CERTIFICATION OR LICENSE HELD	YEAR GRADUATED (COLLEGE ONLY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**WORK EXPERIENCE**

PLEASE PROVIDE A COMPLETE LISTING OF ALL JOBS OR POSITIONS YOU HAVE HELD IN THE PAST 10 YEARS. LIST MOST RECENT FIRST.  
ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER AND LOCATION	POSITION / TITLE	DATES EMPLOYED	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



APPLICANT NAME

[Redacted area for applicant name]

**SPECIAL SKILLS**

LIST SPECIFIC SKILLS AND/OR ANY EQUIPMENT OR MACHINES YOU CAN OPERATE. INCLUDE DETAILS LIKE TYPING SPEED OR YEARS OF EXPERIENCE WITH CERTAIN EQUIPMENT.

1	[Redacted]	4	[Redacted]
2	[Redacted]	5	[Redacted]
3	[Redacted]	6	[Redacted]

ADDITIONAL DETAILS

[Redacted area for additional details]

**REFERENCES**

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

FULL NAME OF REFERENCE	SCHOOL DISTRICT / FIRM NAME	MAILING ADDRESS	POSITION /TITLE	AREA CODE / PHONE NUMBER
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

**AUTHORIZATION AND ACKNOWLEDGEMENT**

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. 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 one year from application date. If you have not received a response during this time period, you may reapply or reactivate your application.

SIGNATURE OF APPLICANT

DATE

[Redacted signature and date fields]





# CAYUGA ISD

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

Rev. 09/2015

I, \_\_\_\_\_,  
Applicant or Employee Name (Print)

acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

SIGNATURE OF APPLICANT OR EMPLOYEE (OPTIONAL)

DATE

\_\_\_\_\_

\_\_\_\_\_

AGENCY NAME (PRINT)

AGENCY REPRESENTATIVE NAME (PRINT)

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

\_\_\_\_\_

\_\_\_\_\_

### PLEASE CHECK AND INITIAL EACH APPLICABLE SPACE

CCH REPORT PRINTED:  YES  NO

\_\_\_\_\_ INITIAL

PURPOSE OF CCH: \_\_\_\_\_

\_\_\_\_\_ INITIAL

EMPLOYEE  VOLUNTEER / CONTRACTOR

\_\_\_\_\_ INITIAL

DATE PRINTED: \_\_\_\_\_

\_\_\_\_\_ INITIAL

DESTROYED DATE: \_\_\_\_\_

\_\_\_\_\_ INITIAL

**RETAIN IN YOUR FILES**



CONFIDENTIAL

The Texas Education Code Section §22.083 (b) authorizes Cayuga ISD to obtain criminal history record information on applicants being considered for employment with the District. The information requested below is necessary to obtain criminal history record information.

NAME (LAST, FIRST, MIDDLE)			SEX		
<input type="text"/>			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH			
<input type="text"/>		<input type="text"/>			
ETHNICITY	<input type="checkbox"/> INDIAN	<input type="checkbox"/> ASIAN/OTHER	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE
DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE	CLASS TYPE (A,B,C,OTHER)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

I hereby authorize all persons, schools, organizations, credit bureaus, and law enforcement agencies to supply Cayuga ISD with any information concerning my background in connection with employment consideration, and I do release them from any liability and responsibility arising from doing so.

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 OF APPLICANT OR EMPLOYEE		DATE
<input type="text"/>		<input type="text"/>
PHONE NUMBER	EMAIL	
<input type="text"/>	<input type="text"/>	