

WORK HISTORY (Continued)

Employer, Address, and Phone	Kind of Work	Dates Employed	Reason for Leaving

REFERENCES (Include immediate supervisors):

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

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 offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? Yes No

If yes, please state where, when, and the nature of the offense _____

IF SUBSTITUTING: AFTER ONCE BEING ON THE ACTIVE SUBSTITUTE LIST WITH GPISD, IT IS MY UNDERSTANDING THAT I HAVE REASONABLE ASSURANCE FOR EMPLOYMENT AS A SUBSTITUTE WITH THE DISTRICT EACH SUBSEQUENT YEAR THAT I APPLY UNLESS I AM ADVISED OTHERWISE. I ALSO UNDERSTAND THAT I AM NOT ELIGIBLE FOR UNEMPLOYMENT COMPENSATION BENEFITS DURING ANY SCHEDULED SCHOOL BREAKS INCLUDING, BUT NOT LIMITED TO, THE SUMMER, CHRISTMAS, AND SPRING BREAKS. THIS ASSURANCE IS CONTINGENT UPON CONTINUED SCHOOL OPERATIONS AND WILL NOT APPLY IN THE EVENT OF ANY DISRUPTION THAT IS BEYOND THE CONTROL OF THE SCHOOL DISTRICT (I.E. LACK OF SCHOOL FUNDING, NATURAL DISASTERS, COURT ORDERS, PUBLIC INSURRECTIONS, WAR, ETC.)

REFERENCE AUTHORIZATION: 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.

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 my fact may be grounds for rejection of my application or dismissal from subsequent employment. I understand that the district is required by Texas Education Code to review criminal history of all applicants.*

Signature Date

This application becomes the property of G-PISD. G-PISD reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

It is the policy of the Gregory-Portland Independent School District not to discriminate on the basis of race, color, religion, national origin, sex, or handicap in its programs and services.
 Es norma del Escolar Independiente de Gregory-Portland no discriminar por motivos de raza, color, religión, origen nacional, sexo o impedimento, en sus programas y servicios.
 District Title IX Coordinator: Asst. Superintendent, 608 College Street, Portland, TX 78374, (361) 777-1091
 District 504 Coordinator: Special Programs Director, 608 College Street, Portland, TX 78374, (361) 777-1091

ADDENDUM FOR FOOD SERVICE APPLICANTS

Do you possess a current Food Handler's Permit? Yes No If yes, date of expiration: _____

Have you had a TB test in the past year? Yes No If yes, date of test: _____

ADDENDUM FOR SCHOOL BUS DRIVER APPLICANTS

Driver's License Number _____ Type _____

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

Have you ever had a driver's license suspended, revoked, or cancelled? Yes No

If yes, explain: _____

Have you ever been convicted of, pled 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 yes, explain: _____

**GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT
608 COLLEGE STREET
PORTLAND, TX 78374
(361) 777-1091**

Criminal History Record Addendum to Application

Confidential*

The Gregory-Portland Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. This information requested below is necessary to obtain criminal history record information.

Please print:

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/Other

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

Date

* This form will be removed from the application and filed separately in the HR office.