

**GREGORY-PORTLAND INDEPENDENT SCHOOL DISTRICT  
HUMAN RESOURCES  
608 COLLEGE STREET  
PORTLAND, TX 78374  
(361) 777-1091, Ext. 1020**

Office Use ONLY
Date Received: _____
Date Approved: _____

**AUXILIARY APPLICATION**

**PLEASE PRINT**

Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Date you can begin work: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address or P.O. Box City Zip

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Highest level of education attained: High School Graduate:  Yes  No **OR** GED:  Yes  No

College Degree: \_\_\_\_\_ **OR** College Hours Earned: \_\_\_\_\_

Licenses and certificates granted: \_\_\_\_\_

Are you receiving Texas Teacher Retirement (TRS) benefits?  Yes  No

**PLEASE CHECK THE AREA(S) IN WHICH YOU ARE INTERESTED:**

- Custodial       Groundskeeper       General Maintenance       Food Service  
 Other: \_\_\_\_\_  
 Bus Driver:  am  pm       Bus Monitor:  am  pm

**TYPE OF EMPLOYMENT:**  Full-Time-  
 Part-Time

Interested in Substituting in Food Service or Custodial areas?  Yes (Ask to speak to HR Clerk for sub info.)  No  
 Area of Interest: \_\_\_\_\_

Are you willing to get a physical at district expense, if required?  Yes  No

Have you been fingerprinted for any school district in Texas since January 1, 2008?  Yes  No

Have you been employed by G-PISD in the past?  Yes  No If yes, list dates of employment: \_\_\_\_\_

Are you related to anyone employed at G-PISD or to a current school board member?  Yes  No  
 If yes, list name and relationship to you: \_\_\_\_\_

**SPECIAL SKILLS:** List specific skills and/or any machines or equipment you can operate. Include number of years of experience for each.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**WORK HISTORY:** Please provide a list of all jobs you have held with the most recent listed first.

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

**WORK HISTORY (Continued)**

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

**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 YOU HAVE BEEN CONVICTED OF A FELONY, YOUR APPLICATION WILL NOT BE APPROVED.***

***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 Gregory-Portland ISD not to discriminate on the basis of race, color, national origin, sex, handicap or age in its employment practices as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended. Gregory-Portland ISD will take steps to assure that lack of English language skills will not be a barrier to admission and participation in all educational and vocational programs. For information about your rights or grievance procedures contact:

Es norma de distrito escolar de Gregory-Portland no discriminar por motivos de raza, color, origen nacional, sexo, impedimento, o edad, en sus procedimientos de empleo, tal como lo requieren el Título VI de la Ley de Derechos Civiles de 1964, según enmienda; el Título IX de las Enmiendas en la Educación, de 1972, la ley de Discriminación por Edad, de 1975, según enmienda, y la Sección 504 de la Ley de Rehabilitación de 1973, según enmienda. El distrito escolar de Gregory-Portland tomará las medidas necesarias para asegurar que la falta de habilidad en el uso del inglés no sea un obstáculo para la admisión y participación en todos los programas educativos y vocacionales. Para información sobre sus derechos o procedimientos para quejas, comuníquese con:

Title IX Coordinator: Assistant Superintendent, 608 College Street, Portland, TX 78374 (361) 777-1091  
Section 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: \_\_\_\_\_

\_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 /Crime Records/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

**Gregory-Portland ISD**

\_\_\_\_\_  
Agency Name (Please print)

**Viviana Ramirez**

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	<u>Aux Applicant</u>
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

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**Criminal History Record Addendum to Application**

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**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 information.

Please print (all fields required):

Name (as it appears on your Driver's License/ID Card) \_\_\_\_\_  
*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.