

APPLICANT INFORMATION

Full-time **Part-time** **Volunteer**

Full Name _____

Maiden Name (If applicable): _____

Have you ever legally changed your name? Yes _____ No _____

Other names or nicknames: _____

Date of Birth ____/____/____ Social Security # _____

Address _____

City/State/Zip _____

How long at present address? _____ Weeks _____ Months _____ Years

Work # () _____ Cell # () _____

Drivers License # _____ State _____ Exp. _____ Class. _____

Height _____ Weight _____ Hair _____ Eyes _____

Place of Birth: _____ U.S. Citizen: Yes _____ No _____

Are you registered with the Selective Service? Yes _____ No _____ Female _____

Name(s) of persons with whom you live: (use back of this page if you need additional space)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____

Do you have a social networking, or other-internet based profile(s)? If yes, provide screen name(s), services provider(s):

List All Email Address(s) that you currently have:

REFERENCES

Give three-character references who are responsible adults and stable members of the community who know you well enough to provide current information about you. Two professional and one personal references. No immediate relatives or guardians can be used.

- 1. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

- 2. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

- 3. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

FAMILY HISTORY

SECTION 1- SPOUSE/FIANCEE

Full name of Spouse/Fiancee: _____

First Middle Maiden/Last

Date of Birth _____ Date of Marriage _____

Occupation _____ Employer _____

Employers Address _____

Employers phone # () _____

Provide the following information on any previous marriage:

Name of former spouse	Address	Phone #
_____	_____	() _____
_____	_____	() _____

EMPLOYMENT HISTORY

On the following pages, begin with the most recent employment, list all employment(s) since the age of 17 or the last 10 years. Include all military service, temporary employment, part-time employment, seasonal employment, and any periods of unemployment. Photocopy additional work history pages as needed.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked
under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

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State: _____ Zip: _____

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Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

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Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

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Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EDUCATIONAL HISTORY

List the High School you graduated from

School Name	Address	Dates	Grade Completed
_____	_____	_____	_____

Did you graduate from High School? _____ Yes _____ No If no, do you have a GED? _____ Yes _____ No

If Yes, from what Agency or School? _____

List all colleges or universities attended or you are currently attending, beginning with the most recent:

School Name	Address	Dates	Major	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any degrees/diplomas received:

School Name	Type of Degree	Graduation Date	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other schools (vocational, trade, etc.,) you have attended or are currently attending, beginning with most recent:

School Name	Address	Dates	Course Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC DISCIPLINARY ACTION

List any applicable disciplinary action received from an academic institution:

Expelled? _____ Yes _____ No

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Probation? _____ Yes _____ No

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

CREDIT HISTORY

Are you delinquent on any child support payments? _____ Yes _____ No _____ N/A

Are you 90 days or more delinquent on any just debt greater than \$500 other than medical expenses? _____ Yes _____ No

If yes to either, please explain:

MOTOR VEHICLE/DRIVING HISTORY

DRIVERS LICENSE

Please list all drivers licenses ever issued to you.

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

INSURANCE

Insurance Company: _____

Address: _____ Town/State/Zip _____

Phone #: () _____ Policy #: _____

Agents name: _____

If currently uninsured, please explain:

TRAFFIC CITATIONS/ACCIDENTS

List any citations (including vehicle insurance violations) you have received within the past five (5) years. (Exclude Parking Citations)

	Charge	Department	Town/State	Date	Disposition
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

List all traffic accidents you have been involved in within the past five (5) years.

	Date	City/State	Fault	Seriousness
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

JUDICIAL HISTORY

CRIMINAL ACTION

Have you ever committed, been convicted, plead “no contest”, plead guilty, or received deferred adjudication for any offense other than traffic citations? _____ Yes _____ No

	Charge	Department	Town/State	Date	Disposition
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CIVIL ACTION

Have you ever been a plaintiff or defendant in a civil action? ____ Yes ____ No

Court _____ Case# _____
Court _____ Case# _____
Court _____ Case# _____
Court _____ Case# _____

LAW ENFORCEMENT CONTACT

Have you ever had to summon the police to respond to any of your residences for any type of law enforcement matter? ____ Yes ____ No If yes, please explain:

FINAL RECAP

Are there any incidents not previously mentioned, which may reflect upon your suitability with the Denton County ESD No.1, or which might require further explanation? ____ Yes ____ No
If yes, please explain below:

APPLICANT SIGNATURE

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, immediate termination of my employment.

Signature

Date

WORK RECORD AND BACKGROUND INFORMATION

Have you ever been fired from a job? ____ Yes ____ No

Have you ever been asked to resign from a job? ____ Yes ____ No

Have you ever quit a job to avoid being fired? ____ Yes ____ No

Have you ever lost a job because of family problems? ____ Yes ____ No

Have you ever had any trouble on any of your jobs? ____ Yes ____ No

Have you ever had a problem with a co-worker? ____ Yes ____ No

Do you get along with your co-workers? ____ Yes ____ No

Have you ever been frequently late to work? ____ Yes ____ No

Do you ever call in sick when not actually ill? ____ Yes ____ No

Have you ever quit a job without the required notice? ____ Yes ____ No

Have you ever quit a job because you were mad or under pressure? ____ Yes ____ No

Remarks:

EMPLOYMENT

Did you ever steal money from an employer? ____ Yes ____ No

Did you ever steal property from an employer? ____ Yes ____ No

Did you ever witness other employees stealing anything? ____ Yes ____ No

Remarks:

TRAFFIC INFORMATION

Have you been cited for a moving violation in the past 5 years? ____ Yes ____ No

Have you ever had your driver's license suspended or revoked? ____ Yes ____ No

Have you ever driven a motor vehicle without a valid license? ____ Yes ____ No

Have you ever been denied a drivers license? ____ Yes ____ No

Do you have any unpaid traffic tickets? ____ Yes ____ No

Have you ever attended defensive driving in order to dismiss a traffic ticket? ____ Yes ____ No

Have you ever paid an attorney to keep a traffic citation from appearing on your driving history?
____ Yes ____ No

Have you ever been arrested for Driving While Intoxicated? ____ Yes ____ No

Have you ever been arrested for Driving Under the Influence of Drugs? ____ Yes ____ No

Do you have liability insurance on your vehicle(s)? ____ Yes ____ No

Have you ever received a citation for no vehicle insurance? ____ Yes ____ No

Have you ever had an accident and left the scene without leaving proper identification?
____ Yes ____ No

Have you ever tried to elude the police in a vehicle? ____ Yes ____ No

Have you ever had a traffic accident because you were drinking alcoholic beverages?
____ Yes ____ No

Remarks:

ALCOHOL INFORMATION

Do you ever drink alcoholic beverages? ____ Yes ____ No

Do you drink daily? ____ Yes ____ No

Do you ever drink to intoxication? ____ Yes ____ No

Has anyone ever told you that you drink too much? ____ Yes ____ No

Have you ever consumed alcohol on the job? ____ Yes ____ No

Have you ever called in sick to work as a result of a hangover? ____ Yes ____ No

Have you ever had a fight while intoxicated? ____ Yes ____ No

Have you been intoxicated within the past 12 months? ____ Yes ____ No

Have you been intoxicated within the past 30 days? ____ Yes ____ No

In your opinion, have you ever had a serious drinking problem? ____ Yes ____ No

Remarks:

DRUG INFORMATION

Have you ever ingested any type of illegal drug or narcotic? ____ Yes ____ No

Have you ever used marijuana? ____ Yes ____ No

If yes, when? _____ How many times? _____

Have you ever used hashish? ____ Yes ____ No

Have you ever used heroin? ____ Yes ____ No

Have you ever used cocaine? ____ Yes ____ No

Have you ever used LSD or any other hallucinogen? ____ Yes ____ No

Have you ever used speed, amphetamines, or methamphetamines? ____ Yes ____ No

Have you ever used downers, barbiturates, or mandrax? ____ Yes ____ No

Have you ever used a narcotic prescription drug not prescribed to you? ____ Yes ____ No

If yes, who gave it to you? _____

Have you ever used anabolic steroids? ____ Yes ____ No

Have you ever used any other illegal drug or narcotic not mentioned above? ____ Yes ____ No

Have you ever been present when others were using marijuana or any other illegal drugs?

____ Yes ____ No

Have you ever altered or forged a prescription by a doctor? Yes No

Have you used or ingested marijuana or any other drug or illegal narcotic within the past 10 years? Yes No

If yes, what? _____ When? _____

Remarks:

ARREST/CRIMINAL ACTIVITY

Have you ever been convicted or placed on probation for anything other than a traffic citation? Yes No

Have you ever been questioned as a suspect for any offense by the police? Yes No

Have you ever been fingerprinted by a police agency? Yes No

Have you ever committed a serious, undetected crime? Yes No

Have you ever been in the presence of another as they committed a crime? Yes No

As a child, did you ever steal from a store? Yes No

Have you ever shoplifted in the past 5 years? Yes No

Have you ever stolen anything from a car? Yes No

Have you ever stolen anything from a house? Yes No

Have you ever committed domestic violence? Yes No

Have you ever used a weapon during a crime? Yes No

Have you committed child molestation or child abuse? Yes No

Have you ever stolen a wallet or purse? Yes No

Have you ever broken into a vending machine? Yes No

Have you ever forced another to have sex with you? Yes No

Have you ever killed, or attempted to kill another person illegally? ____ Yes ____ No

Have you ever illegally set fire to anything? ____ Yes ____ No

Have you ever intentionally damaged an others property? ____ Yes ____ No

Do you have any relatives with arrest, or criminal records? ____ Yes ____ No

Is there any topic not covered above that you have knowledge of? ____ Yes ____ No

Remarks:

SEXUAL ACTIVITIES

Have you ever “window-peeped”? ____ Yes ____ No

As an adult, have you ever sexually fondled anyone under the age of 17 years old?
____ Yes ____ No

Have you ever committed an act of indecent exposure? ____ Yes ____ No

As an adult, have you ever had sexual contact or sexual intercourse with anyone under the age of 17 years old? ____ Yes ____ No

Have you ever paid, or been paid, for an act of prostitution?

In your opinion, do you have any sexual tendencies that would be considered deviant? ____
Yes ____ No

Have you ever had sex while on duty? ____ Yes ____ No

Remarks:

ATTITUDE AND TEMPERAMENT

Other than while hunting, have you ever killed an animal? ____ Yes ____ No

Do you ever get a thrill out of hurting someone smaller than you? ____ Yes ____ No

Do you enjoy seeing another person suffer? Yes No

Do you enjoy taking part in a fight? Yes No

Did you ever gang up with others to beat someone up? Yes No

Did you ever kick or throw things when you were angry? Yes No

Remarks:

SUBVERSIVE ACTIVITY INFORMATION

Have you ever been associated with any group or organization that actively or subversively attempted to disrupt any legitimate government function? Yes No

To your knowledge, has any member of your family or your spouses family ever been associated with any subversive organization or group, that advocates the overthrow of the U.S. Government? Yes No

Do you associate with persons who seek to overthrow the government by force or violence? Yes No

Have you ever attended a subversive meeting? Yes No

Have you ever given or sold classified US Government information to anyone representing another country? Yes No

Have you ever been denied a security clearance by the US Government? Yes No

Have you ever worked for a foreign government? Yes No

Have you ever pledged allegiance to another country? Yes No

Are you loyal to the United States of America? Yes No

Have you ever been a member of a group that advocated violence to persons based upon their race, sex, religious belief, or sexual preferences? ____ Yes ____ No

Have you ever committed acts of vandalism or property damage which was directed towards a religious or political group? ____ Yes ____ No

Remarks:

REASONS FOR APPLICATION

Do you seek a long-term career with this agency? ____ Yes ____ No

Do you intend to conduct any unlawful activity against this agency? ____ Yes ____ No

Do you have any reason for wanting this position that you do not want the agency to know about? ____ Yes ____ No

Are your plans to work here temporarily? ____ Yes ____ No

Remarks:

APPLICANT SIGNATURE

I represent and warrant the answer I have made to each and all the foregoing questions are true to the best of my knowledge and belief.

I acknowledge that any false statement knowingly made in answering all the questions is cause for removal from the eligibility list, or discharge from employment with the Denton County ESD No.1.

Signature

Date

DENTON COUNTY ESD No.1 AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, the undersigned, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Denton County ESD No.1, whether the said are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; Medical and psychiatric treatment and consultation including records of hospitals, clinics, private practitioners, and the U.S. Veterans Administration; Employment and preemployment records, including background reports, efficiency ratings, complaints, or grievances filed against me and the records and recollections of attorneys at law or other counsel involving either criminal or civil actions in which I presently have or have had an interest.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, based upon this authorization, will be considered toward the determination of my suitability for employment with the Denton County ESD No.1. I further understand that all materials pertaining to this background investigation becomes the property of the Denton County ESD No.1 and will not be returned to me.

I agree to indemnify and hold harmless the Denton County ESD No.1, the person to whom this request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the information will not be divulged, and will remain confidential to all parties, public or private.

A photocopy of this release form will be as valid as an original hereof, even though such copy does not bear an original writing of my signature.

_____	_____
Applicant's Signature	Date
Printed Full Name _____	
Address _____	
City/State/Zip _____	
Date of Birth _____	
Social Security # _____	
Drivers License # _____	
Phone # () _____	

Subscribe and sworn to before me, a Notary Public, this _____ day of _____, 20_____.

Notary Public for the State of Texas

(Seal)

**DENTON COUNTY ESD No.1 AUTHORIZATION FOR BACKGROUND
INVESTIGATION**

I authorize the investigation of all information and statements, both written and verbal, given by me during the course of this process, as may be necessary in arriving at an employment decision. I further understand that all materials pertaining to this background investigation become the sole property of the Denton County ESD No.1. I also understand in the event my application is disapproved; the source of confidential information cannot be revealed to me.

Applicant printed full name

Signature of Applicant

Date

Before me appeared the above named _____, known to me (or satisfactorily proven), to be the person whose name is subscribed to within this instrument, and acknowledged to me that he/she has signed, sealed and delivered this agreement as his/her voluntary act or deed, for the use and purpose therein expressed.

Subscribe and sworn to before me, a Notary Public, this _____ day of _____, 20____.

Notary Public for the State of Texas

(Seal)