

Kress Independent School District

P.O. Box 970
Kress, Texas 79052-0970

Superintendent: (806)684-2652
Business Office: (806)684-2681

FAX (806)684-2687

High School: (806)684-2651
Elementary: (806)684-2326

It is the policy of the Kress Independent School District not to discriminate on the basis of sex, handicap, race, color, national origin or age in its educational vocational programs, activities, or employment as required by Title IX Section 504 and Title VI.

Application For Employment

Position: _____ Date _____

Name: _____ SS # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Date of Birth: _____

Educational & Professional Training

High School: _____ Diploma: Yes: _____ No: _____

College: _____ Diploma: Yes: _____ No: _____

Area of Degree: _____

Business School: _____

Experience

<u>Company or Firm</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you employed now? Yes: _____ No: _____

If yes, state your present position and salary: _____

May we inquire of your present employer? Yes: _____ No: _____

Other than minor traffic violations, have you ever been convicted of a crime?
Yes: _____ No: _____ If yes, please explain in detail

Note that "Yes" answer to the above question may not automatically disqualify you from a position..

Have you ever plead guilty to an offense involving moral turpitude?
Yes: _____ No: _____ If yes, please explain in detail

Note that "Yes" answer to the above question may not automatically disqualify you from a position.

References

Name	Address	Phone #
------	---------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that if I am employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and all information concerning my previous employment, and I release all parties from all liability for any damage that may result from furnishing that information to you. A copy of this application, including this authorization, may be sent to my previous employers so that the information can be released.

Date: _____ Signature: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____