$An\ Equal\ Opportunity\ Employer*$

Dat	e of application				
Personal Data	Mailing address E-mail address Home phone Other name that m	Street/Box Cell phone ay appear on records _ reference, and criminal history rec	City e	Other pho	
Position Data	Type of employme Date you can begin Have you been em	of for which you are appent: Full-time Pan work Islands ISD in es, provide dates of em	the past?	mmer only Yes □ No	
Special Skills	Include number of 1 2	, software proficiency, years of experience.	4 5		t you can operate.
Work Experience		omplete list of all posit Attach additional sheets mé if available.		name and tle held	
Work	Supervisor's name and phone		Supervisor and phone	r's name	
	Reason for leaving		Reason for	r leaving	

	E-malayer name and				Employer	and		
	Employer name and location			_	Employer i	name anu		
Work Experience	Position/title held				Position/tit	le held		
Exper	Dates employed				Dates emp	loyed		
Work	Supervisor's name and phone				Supervisor and phone	's name		
	Reason for leaving				Reason for	leaving		
	Please list reference	es the	district can c	ontact r	egarding y	our work l	history.	
	Full name of reference		ool district/ rm name		ailing ldress	Positio	on/title	Area code/ phone number
seou					_			_
References								
I.E.								
	List the highest leve	el of e	ducation atta	ined: _				
	Licenses and certifi	icates	granted					
_ n								
raining	Name and location schools attended		Course of sand major/n	-		a, degree, c license gra		Year graduated (College only)
Education/Tr								
duca								

	Do you have a relative who serves on the Board of Education or is an employee of May				
	ISD? ☐ Yes ☐ No If yes, please provide the relative's name and relationship:				
General Information	Have you ever been convicted of, pled guilty or no contest (nolo contendre) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? Yes No				
neral	If yes, please state where, when, and the nature of the offense				
Ge					
	(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.)				
	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.				
on	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 understand that the district is required by Texas Education Code to review criminal history of applicants.				
Ve	Signature Date				
	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 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.				

The district Title IX Coordinator is Nick Heupel, May ISD Superintendent.

^{*}Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and drug test.

An Equal Opportunity Employer

Personal Data

Name	Phone number				
Hours available for work	Driver's license number	Type			
Do you have a Texas School B	us Driver Training Certificate?	☐ Yes ☐ No			
Have you ever had a driver's lie	cense suspended, revoked, or cancelled?	☐ Yes ☐ No			
If you answered yes, explai	n				
-	or proceedings pending against you?				
•	of, pled guilty or no contest (nolo contendre) to, o				
	red adjudication for any traffic violation? nd the nature of the offense				
	failed an employer's alcohol or drug test?				

Driving Experience

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

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 fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

Signature	 Date

MAY INDEPENDENT SCHOOL DISTRICT 3400 CR 411 E, MAY, TEXAS 76857 254-259-2091

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

THE MAY INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS THE DISTRICT INTENDS TO EMPLOY EITHER ON A FULL-TIME, PART-TIME, OR SUBSTITUTE BASIS, (ACCORDING TO Texas Education Code §22.083 and Senate Bill 9). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY AND FINGER PRINTING RECORD INFORMATION.

PLEASE I	PRINT.				
NAME_					
	LAST		FIRST		MIDDLE
SOCIAL S	SECURITY NUME	BER		DATE OF BIR	тн
SEX	MALE	FEMALE	ETHNICITY: _	BLACK	WHITE/OTHER
NOT BE	USED TO DETER RPOSE OF OBTAI	MINE ELIGIBILTY NING THE ABOY MY RESPONSIB	Y FOR EMPLOYM /E NECESSARY IN	ENT BUT WILL BE U	
SIGNATU					
DATE					

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I h	ave been notified that a computarized criminal
I,	ave been notified that a computerized criminal
history (CCH) verification check will be performed by acc	cessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB infor	mation I supply.
Because the name based information is not an exa	act search and only fingerprint record searches
represent true identification to criminal history, the or	ganization (as listed below) conducting the
criminal history check is not allowed to discuss any info	rmation obtained using this method, therefore
the agency may offer the opportunity to have a	fingerprint search performed to clear any
misidentification based on the name search, if the search J	provides a criminal report I know could not be
mine.	
For the fingerprinting process I will be require	d to submit a full and complete set of my
fingerprints for analysis through the Texas Department	of Public Safety AFIS (automated fingerprint
identification system). I have been made aware that in o	rder to complete this process I must have the
correct fingerprinting (FAST) form from this agency, m	1
complete set of my fingerprints, and pay a fee	
company, L1Enrollment Services.	
Once this process is completed and the agency re	ceives the data from DPS, the information on
my fingerprint criminal history record may be discussed w	
my imgerprint eriminal instory record may be discussed w	iti iic.
(This copy must remain on file by your agence	cy. Required for future DPS Audits)
	· ·
Signature of Applicant or Employee	Please:
	Check and Initial each Applicable Space
Date	CCH Report Printed:
	YES NO initial
Agency Name (Please print)	Purpose of CCH:
Agency Representative Name (Please print)	Hire Not Hired initial
rigency representative value (Trease print)	
Signature of Agency Representative	Date Printed: initial
	Destroyed Date: initial
	Retain in your files

Date

APPENDIX D

Texas Department of Public Safety Application for School Bus Driver Enrollment Certificate

<u>Authority for Data Collection</u>: Vernon's Texas Civil Statutes, Article 6687b, § 5(a); recodified as Texas Transportation Code Annotated § 521.022 (Vernon 1996) and Title 37, Texas Administrative Code, Section 14.35.

<u>Planned Use of Data</u>: Request by employer for approval of temporary and provisional safety training certificate status to operate a school bus on an emergency basis which will expire based on program guide criteria.

 $\underline{\textbf{Instructions}}\text{: For assistance, please contact the local Regional Education Service Center (RESC) in your area. A listing of RESC's can be viewed at <math display="block">\underline{\textbf{WWW.TXDPS.STATE.TX.US/SCHOOLBUS}}\text{.}$

Applicants must satisfy each of the following prerequisites before their employer may request approval for the issuance of an enrollment certificate from the RESC. Mark the box by <u>each</u> requirement the applicant has met:
At least 18 years of age;
Possess a valid driver's license designating a class appropriate (with applicable endorsement, if commercial driver's license) for the gross vehicle weight rating and manufacturer's designed passenger capacity of motor vehicle to be operated;
An acceptable "driving history record" (secured from the Texas Department of Public Safety) determined in accordance with the provisions of the most current Texas Department of Public Safety publication entitled <i>School Bus Driver's Driving Record Evaluation</i> ;
An acceptable "criminal history record" (secured from any state law enforcement agency) reviewed in accordance with the current provisions of Texas Education Code Annotated, Section 22.084;
An acceptable physical examination conducted by a licensed physician and evaluated in accordance with all qualifications and standard specified on the most current Texas Department of Public Safety form titled <i>Medical Examination Report for School Bus Drivers</i> , and pre employment/pre-duty drug testing (evaluated in accordance with current federal law); and
A school district or contractor must ensure drivers have an acceptable level of knowledge and skill regarding the safe operation of school buses It is the employer's inherent responsibility to ensure that the driver understands the contents of Chapters 2, 5, 6, 8, 9, 10, & 11 of the curren <i>Texas School Bus Driver Certification Course</i> .
The following eligibility requirements shall apply to the issuance of all enrollment certificates:
All recipients shall be registered for the first available basic (20-hour training) certification course as determined by the RESC; this includes anyone issued an enrollment certificate during the twelve-month interval (grace period for renewal) immediately following certification expiration. Except as approved by the RESC, failure to satisfactorily complete the course as scheduled shall result in immediate revocation of the certificate, and it <i>cannot</i> be reissued.
• All enrollment certificates shall be dated to expire <i>no later than 180 days</i> passed the date issued. In the event a class is not scheduled within 180 days, the enrollment certificate may be dated to expire within a reasonable period of time following the conclusion of the first available certification course. Except as approved by the RESC, a minimum of five years must elapse between the issuance of consecutive enrollment certificates.
Please <i>print</i> or <i>type</i> all information requested below and forward the completed application to your designated RESC for processing. Please keep or file a copy of this form and any verification received from the training agency to document approval for enrollment certification.
Applicant's Name:
(Last) (First) (Middle)
Deter of Director Lineary
Date of Birth / Driver's License: (Month) (Day) (Year) (State) (Identification number)
This applicant needs the class taught in: English Spanish
Employer/District: Telephone:
(Name and county / district number, if applicable) I affirm that this applicant has fulfilled all of the above requirements (which I indicated by an X in the box next to each requirement) necessary for the issuance of an enrollment certificate. Pending official notification of approval for an enrollment certificate from the designated agency, is shall be unlawful for the applicant to operate a school bus for the purpose of transporting students.
Michelle Owings, Business Manager
(Name, title, and signature of authorized employer/district official) (Date Submitted)
Revised 08/2010