



VERIBEST INDEPENDENT SCHOOL DISTRICT

Application for “At Will employees” or “Substitutes”

Name _____
Last First Middle Social Security Number

Present Address _____
Street City State Zip code

Until _____, 20____ Phone () _____

Permanent Address _____
(If different) Street City State Zip Code

Please list individual who will know your whereabouts:

Name Address () Phone

Position Desired

Elementary

Preference of assignment by grade

First Choice Second Choice Third Choice

Secondary

First Choice Second Choice Third Choice

Other

Cafeteria Janitorial Maintenance

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any false statements in this application will be sufficient reason for dismissal from, or refusal of, employment. I hereby authorize Veribest Independent School District to contact the references listed on this application. I agree that all information obtained from the references contained herein shall be confidential and shall not be made available to me. I also authorize Veribest Independent School District to obtain any criminal history record information relevant to this application for employment from any pertinent source in accordance with the provisions of the Texas Education Code Section 11.083, and I further authorize any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety as well as the Texas Department of Corrections to furnish the Veribest Independent School District any such records.

Date: _____ Signature of Applicant _____

Return to: Superintendent, Veribest ISD P.O. Box 490 Veribest, Texas 76886

Date of Birth _____ Driver’s License Number _____
Month Day Year Please include the State of Driver’s License

(A copy of your driver’s license and social security card is needed when application is turned in to the office.)

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required 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 order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	