



## **CHECKLIST OF REQUIRED DOCUMENTS**

Before an application can be submitted for review, certain items will need to accompany the application. Any item not included in the application at the time of submission will render the applicants as **“incomplete.”** Please make copies of any original documents, recommendations, etc. for your own records. The following items are checked on this form, which need to be turned in with the application.

- Copy of resume
- Copy of driver’s license
- Copy of Transcripts from College or University
- Copies of other certifications or titles held (Alternative Certifications, etc.)
- Copy of College Diploma if degree is required for position/high school diploma for non-degree position.
- Applicant background check form. Sign and dated.
- If hired by CIS, finger printing will be required. Cost will be paid by the employee and will be reimbursed. A receipt will be required for reimbursement.

**Starting Salary Program Coordinator:**

<b>Bachelor’s Degree</b>	<b>\$27,000</b>
<b>Master’s Degree</b>	<b>\$28,500</b>



*An Equal Opportunity Employer*

## APPLICATION FOR EMPLOYMENT

Application Date \_\_\_\_\_ Available date \_\_\_\_\_ Telephone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number and Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever worked for Communities In Schools in the past?  Yes  No  
 If yes, what was your position and date of employment?

Position \_\_\_\_\_ Date \_\_\_\_\_

Were you referred? If yes, by whom? \_\_\_\_\_

If hired, can you show proof of your legal right to work in the United States?  Yes  No

**EDUCATION:**  
 High School (Graduate of \_\_\_\_\_ in \_\_\_\_\_ )  
 City \_\_\_\_\_ State \_\_\_\_\_

**COLLEGES ATTENDED:** (Use separate line for each degree)

COLLEGE OR UNIVERSITY	LOCATION (CITY, STATE)	MAJOR FIELD OR STUDY	MINOR FIELD OR STUDY	DEGREE

**HIGHEST EDUCATION ATTAINED**

Bachelor's Degree  Master's Degree  Doctoral Degree  Other \_\_\_\_\_

**WORK EXPERIENCE:**

Please write below a complete listing of all jobs or positions you have held in the last 5 years.  
Please list the most current first.

FIRM NAME	ADDRESS CITY STATE & ZIP CODE	PHONE W/AREA CODE	POSITION HELD	DATES EMPLOYED	FULL/PART TIME	REASON FOR LEAVING

Please write persons under whom you have worked and who have first-hand knowledge of your character and work skills. **Note:** A completed and signed application will automatically give CIS the authorization to contact your references below.

NAME	COMPLETE ADDRESS W/ZIP CODE	PHONE W/AREA CODE	TITLE

**WHY DO YOU WISH TO WORK AT COMMUNITIES IN SCHOOLS?**

1. This application and the statements made herein become the property of Communities In Schools at the time the application is submitted. This application will be kept on file for 1 year from date of application. If applicant is not employed within this time and still wishes to be considered, an update form must be filled out.
2. By signing this document, I swear under the penalty of perjury that the foregoing statements and all things related thereto are true and correct, and I hereby acknowledge my understanding of Article 37.10 of the Texas Penal Code which provides that making a false entry or alteration of a government document is an offense against the State of Texas and punishable by law. I further acknowledge that the making of a false statement, the furnishing of false information, or the withholding of pertinent information in connection with this application will constitute grounds for dismissal.
3. By signing this document, I authorize Communities in Schools to request information concerning my employment; and I hereby authorize the release of information and further release from liability any and all parties who may supply personal information concerning my employment and educational background to Communities In Schools.
4. **Copies of all required documents as listed on the Checklist of Required Documents must be submitted with the application.**
5. The application is not complete unless all blanks are filled in or checked, and the application is signed. Incomplete applications will not be considered.
6. Communities In Schools does not discriminate on the basis of race, color, religion, sex, national origin, age or physical disabilities in any of its relations with employees or employment applicants and neither does the applicant.

**EMPLOYMENT AT WILL**

I understand and that my employment, compensation and other terms and conditions are for no fixed term and may be changed or terminated by Communities In Schools, Inc. at any time with or without cause or notice, likewise, I may resign at any time.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

(My signature above certifies that I have read the agreement terms listed above)

\_\_\_\_\_  
DATE

# 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](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History 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

Communities In Schools of El Paso

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

Anna Rivas

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

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

\_\_\_\_\_  
Date

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