

**TAYLOR INDEPENDENT SCHOOL DISTRICT**  
602 WEST 12<sup>TH</sup> STREET - TAYLOR, TEXAS 76574  
PHONE: (512) 352-6361 - (512) 365-1391 - FAX: (512) 365-3800  
AN EQUAL OPPORTUNITY EMPLOYER (M/F/H)

**APPLICATION FOR CUSTODIAL/MAINTENANCE/FOOD SERVICE/BUS DRIVER POSITION**  
(circle one)

**APPLICATION OF**

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(Optional)

Are you a U.S. citizen? \_\_\_\_\_ If you are not a U.S. citizen, do you have  
the legal right to work and remain permanently in the U.S.? \_\_\_\_\_

Name, address and telephone number of a person to contact in case of an emergency:

\_\_\_\_\_

**EXPERIENCE:** (Please list most recent experience first)

1. Name/Address of Employer: \_\_\_\_\_

Supervisor's Name/Title/Phone Number: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name/Address of Employer: \_\_\_\_\_

Supervisor's Name/Title/Phone Number: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Graduate: \_\_\_\_\_ Yes/No  
Years Attended: \_\_\_\_\_

Other: \_\_\_\_\_ Graduate: \_\_\_\_\_ Yes/No  
Years Attended: \_\_\_\_\_

LIST YOUR SKILLS: \_\_\_\_\_

**PERSONAL REFERENCES:** (List references who have direct knowledge of you – No relatives)

Name	Mailing Address	Phone	Position
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**CRIMINAL RECORD:**

Have you ever been convicted of a felony or misdemeanor other than traffic tickets or similar violations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in the space below:

Offense	Date Convicted	Disposition	Comments
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**NOTE:** Conviction of a crime is not necessarily a bar to employment.

**OTHER DATA:**

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a Commercial/Chauffeur's License? Yes \_\_\_\_\_ No \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a health related condition which could impede the performance of your duties? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have children in our schools? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what schools? \_\_\_\_\_

Are you related in any way, including by marriage, to any board member presently serving on the Taylor Board of Trustees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please name the person and the relationship: \_\_\_\_\_  
\_\_\_\_\_

Do you know someone who works for Taylor I.S.D.?

Name	Position
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Can you work a late afternoon/night shift? \_\_\_\_\_

**SIGNATURE:**

I hereby affirm that all information in the application is true and accurate to the best of my knowledge. I also understand that employment based upon information contained in this application which later proves to be false or incomplete shall result in rejection for employment; or if employed, termination from the Taylor Independent School District. All personnel of Taylor Independent School District shall be employed without regard to national origin, race, sex, creed or handicap.

\_\_\_\_\_ Legal Signature of Applicant

\_\_\_\_\_ Date