***An Equal Opportunity Employer\****

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| --- | --- |
|  | Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Personal Data** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Last, First Middle initial* Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Street/Box City, State ZIP Code* E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Other phone: \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Volunteering | Will volunteer at the following (Please check any or all). [ ]  Brady Elementary  [ ]  Middle School  [ ]  High School  |

|  |  |
| --- | --- |
| Acknowledgement of Confidentiality Procedures | As a volunteer of Brady ISD, I understand that I may have access to confidential information about students, students’ families, and staff. My signature below recognizes and acknowledges that confidential information is to be treated as such as required by board policy, state, and federal law. Any disclosure of confidential information will be made in accordance with applicable board policy and law.Among the most critical information is documentation related to employee’s Personally Identifiable Information (PII) such as health, benefits, financial, family members, or other personal information. Violators will be subject to discipline, employment termination, and/or may be reported to the appropriate legal authorities. Violations of some protected information, such as health or medical information, are also protected by federal laws such as HIPPA.By signing below, I am indicating my understanding of my responsibilities to maintain confidential information and agree to the following:1. I understand that unless my specific role requires the disclosure of confidential information or the viewing of confidential records, no discussion of confidential information will occur in or out of the workplace.
2. I agree that all discussions, records, and information generated or maintained in connection with duties will not be disclosed to any unauthorized personnel. Unauthorized personnel include anyone who does not have an education or reasonable need to know the information.
3. I understand that any confidential discussion, records, and written information generated or maintained in connection with my duties as a volunteer will be maintained in private in a location where other staff, students, parents or the community at large does not have open access to hearing or viewing. The work area should be reviewed at the end of each workday before leaving to ensure that all confidential information has been properly secured.
4. I agree to notify my assigned administrator immediately should I become aware of a breach of confidentiality of any student or staff member, whether this be on my part or on the part of another person.
5. I understand that a breach of these confidentiality procedures may be grounds for disciplinary action including but not limited to: verbal reprimand, written reprimand, suspension from my duties as determined appropriate and/or termination.
6. I accept the above directives and expectations of Brady ISD and will take all steps necessary to ensure that the confidentiality of all district records is maintained.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature DateThis application becomes the property of the district. The district reserves the right to accept or reject it. |

*\*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. In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district’s Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.*

The district Title IX Coordinator is

**Hector Martinez**

**1003 W. 11th**

**Brady, Texas 76825**

**325-597-2301**

**CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

Confidential \*

The Brady Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education Code 22.083). The information requested below is necessary to obtain criminal history record information.

*Please print*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last, First Middle initial*

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: [ ]  Male [ ]  Female

Ethnicity: [ ]  African American [ ]  Hispanic [ ]  Caucasian [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by Brady Independent School District. I also understand Brady Independent School District may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\*This form will be removed from the application and filed separately in the personnel office.