NEW WAVERLY INDEPENDENT SCHOOL DISTRICT 355 FRONT STREET NEW WAVERLY, TEXAS 77358-3527

Telephone: (936) 344-6751 Fax: (936) 344-2438

ADDENDUM TO APPLICATION

I understand that in accordance with Texas Administrative Code 153.1101 and 153.1105 the New Waverly Independent School District is required to obtain criminal history records of an applicant for employment.

I hereby authorize the New Waverly Independent School District to obtain these records to determine my acceptability for employment.

DEPARTMENT OF PUBLIC SAFETY APPLICANT INVESTIGATION AFFIDAVIT

Full Name of Applicant:	
(Please Print) Last	First MI
Date of Birth:	Race: (Check One)
	Black
	White
	Other
Texas Driver's License Number:	
Social Security Number:	
Sex:MaleFemale	
Signature of Applicant	Date
(This form will be removed from the applica	ation and filed separately in the personnel office

"An Equal Opportunity Employer"