

# TEXHOMA INDEPENDENT SCHOOL DISTRICT

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

It is the policy of Texhoma ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973; as amended.

### *An Equal Opportunity Employer*

<b>Personal Data</b>	Date of Application _____ Social Security Number _____ Name _____ <small style="display: block; text-align: center;">Last First MI</small> Current Address _____ <small style="display: block; text-align: center;">Street/Box City State Zip Code</small> Other Address _____ Work phone _____ Mobile phone _____ Other name that may appear on records _____ <small style="display: block; text-align: center;">(Used for certification, reference, and criminal history record checks)</small>			
<b>Position Data</b>	List the position(s) you are applying for _____ Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Date you can begin work _____ Have you been employed by <u>Texhoma ISD</u> in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____ - _____			
<b>Education/Training</b>	Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or License Held	Year Graduated (College Only)

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<b>Certification</b>	Certificate or License Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas Emergency <input type="checkbox"/> Texas One-Year: Expires _____ <input type="checkbox"/> Texas Temporary Administrative: Expires _____ <input type="checkbox"/> Texas Mid-Management Certificate (please enclose a copy) <input type="checkbox"/> Mid-Management Certificate Other State (please enclose a copy)  Date of Issuance _____ Date of Expiration _____ Level(s) of Certification: _____ Areas of Specialization/Endorsements (As listed on certification): _____ _____			
<b>Teaching Experience</b>	List teaching experience beginning with most recent years.			
	Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving
<b>Other Work Experience</b>	Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach resume if available.			
	School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

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<b>Professional Data</b>	<p>Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.</p> <p>Papers/Articles Published _____</p> <p>_____</p> <p>Seminars/Workshops conducted _____</p> <p>_____</p> <p>Other related professional activities _____</p> <p>_____</p>																													
<b>General Information</b>	<p>Do you have a relative who serves on the <u>Texhoma</u> ISD Board of Education?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship</p> <p>_____</p> <p>Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p><small>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</small></p>																													
<b>References</b>	<p>Please list references the district can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two places of employment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Full Name of Reference</th> <th style="width:25%;">School District/Firm Name</th> <th style="width:25%;">Mailing Address</th> <th style="width:25%;">Position/Title</th> <th style="width:25%;">Area Code, Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code, Phone Number																				
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**Verification**

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damages that may result from furnishing the same to you.

I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

**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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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 of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

**Texhoma ISD**

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Office Use Only**

<b>Please: Check and Initial each Applicable Space</b>		
CCH Report Printed:		
Yes _____	NO _____	_____ initial
Purpose of CCH: _____		
Hired _____	Not Hired _____	_____ initial
Date Printed: _____/_____/_____		_____ initial
Destroyed Date: _____/_____/_____		_____ initial
<b>Retain in your files</b>		