

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

*An Equal Opportunity Employer*

### PERSONNEL DATA:

Date of application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Initial*

Current Address \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Other address where you may be reached \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Name that may appear on records \_\_\_\_\_  
*(Used only for reference checks)*

### POSITION DATA:

List the position(s) you are applying for \_\_\_\_\_

Credentials included with application:

- Resume
- All teaching and professional certificates or licenses (copies accepted)
- All transcripts showing degrees (copies accepted)

Date you can begin work \_\_\_\_\_

Have you been employed by the Anderson County Special Education Co-op or a member district in the past?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, provide dates and location of employment \_\_\_\_\_

### EDUCATION / TRAINING:

Names and location of schools attended	Course of study and major/minor	Diploma, degree, certification, or license held	Year Graduated

Names and location of schools attended	Course of study and major/minor	Diploma, degree, certification, or license held	Year Graduated

**CERTIFICATION:**

Certificate or license currently held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One-Year: Expires\_\_\_\_\_
- Texas Temporary Administrative: Expires\_\_\_\_\_
- Texas license number\_\_\_\_\_ Expires\_\_\_\_\_

Areas of specialization:

- Superintendent
- Principal
- Early Childhood
- Elementary
- Elementary and Kindergarten
- Secondary
- Special Ed. Supervisor
- Educational Diagnostician
- Associate School Psychologist
- LSSP
- Speech/Language Pathologist
- Generic Special Education
- Vocational

**TEACHING EXPERIENCE:**

List teaching experience beginning with most recent years.

Name and location of school	Type of assignment	Dates Taught	Reason for leaving

Name and location of school	Type of assignment	Dates Taught	Reason for leaving

**OTHER WORK EXPERIENCE:**

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

**PROFESSIONAL DATA:**

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published \_\_\_\_\_  
 \_\_\_\_\_

Seminars/workshops conducted \_\_\_\_\_  
 \_\_\_\_\_

Other related professional activities \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION:**

Do you have a relative who serves on the \_\_\_\_\_ISD Board of Education?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide the relative's name and

Relationship:\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please state where, when, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication:

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

(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.)

**REFERENCES:**

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full name and reference	School district/ Firm name	Mailing address	Position/title	Area code/ Phone number

**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 damage 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 selected for employment.

\_\_\_\_\_  
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 a period not to exceed \_\_\_\_\_ days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

**DPS Computerized Criminal History (CHH) Verification  
(Agency Copy)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CHH)  
 APPLICANT or EMPLOYEE NAME (Please print)  
 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.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 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.)**

For Agency Use Only:

Signature of Applicant or Employee
Date
Agency Name (Please print)
Agency Representative Name (Please print)
Signature of Agency Representative
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Date Destroyed:	_____ initial
<b>Retain in your files</b>	

## Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

**Adjudication and conviction** refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board of Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

---

### Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

\_\_\_\_\_  
County

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
County Date Month Year

\_\_\_\_\_  
(Signature of Declarant)

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this pre-employment affidavit.\*

\_\_\_\_\_  
\*This form will be removed from the application and filed separately in the HR office.  
Approved by the Texas Commissioner of Education, October 2017.

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL

The Texas Education Code Section §22.083(b) authorizes the district to obtain criminal history record information on applicants being considered for employment with the District. The information requested below is necessary to obtain criminal history record information.

Full Name \_\_\_\_\_  
(print) Last First Middle

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Ethnicity: \_\_\_\_\_ Black \_\_\_\_\_ White/Other

I understand 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.

\_\_\_\_\_  
Signature Date

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