

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

Doss Consolidated Common School District
P. O. Box 50
11431 Ranch Road 648
Doss, TX 78618
(830) 669-2411 (830) 669-2303 (Fax)
An Equal Opportunity Employer

Date of Application: _____

Name: _____
Last First Middle Initial

Current Address: _____
Street/Box City State/Zip Code

Other address where you may be reached: _____

Home phone: _____ Cell phone: _____

Other name that may appear on records: _____
(Used only for certification, reference, and criminal history record checks)

Check the Position(s) You Are Applying For:

- Teacher Principal Administrator Technology

Credentials to be included with application: resume, teaching certificates, all transcripts

Date you can begin work: _____

Have you been employed by **Doss CCSD** in the past? Yes No

If you answered yes, provide dates of employment: _____

Check the highest level of education attained:

- Bachelor's degree Master's degree Doctorate

Other training or education: _____

Do you possess a valid driver's license? Yes No

Do you have a CDL Class B License? Yes No

Name and location of universities attended	Course of study and major/minor	Diploma, degree, certificate, or license held	Year Graduated

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Certificate or License currently held:

- None
 Valid Texas
 Valid Other State
 Texas Emergency
 Texas One-Year – Expires _____
 Texas Temporary Administrative – Expires _____
 Valid Texas Drivers License # _____

Areas of Specialization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> All-level Art | <input type="checkbox"/> Vocational (specify) |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All-level Health and PE | _____ |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All-level Music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mid-management Admin. | <input type="checkbox"/> Librarian | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Visiting Teacher |
| <input type="checkbox"/> Secondary (Jr./Sr. High) | <input type="checkbox"/> Special Education | <input type="checkbox"/> Other |

List teaching experience beginning with most recent years.

Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving

Provide a list of all other jobs or administrative positions you have held in the past 10 years. List the most recent first. Attach additional sheets, if necessary. Attach resume if available.

Employer and Location	Position/Title	Dates Employed	Reason for Leaving

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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 _____

Do you have a relative who serves on the Board of Education or is an employee of **Doss CCSD**?

Yes No If yes, please provide the relative's name and relationship:

Have you ever been convicted of, pled 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)? Yes No

If yes, please state where, when, and the nature of the offense:

(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.)

List references the district can contact regarding your work history.

Full Name of Reference	School District/Firm Name	Mailing Address	Position/Title	Area Code/Phone Number

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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 required by Texas Education Code to review criminal history of applicants.

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.

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.

Doss CCSD Criminal History Record Information Request (Confidential)*

The Doss Consolidated Common School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last
First
Middle

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State Issued _____

Mailing Address _____
Street

City
State
Zip

Sex: Male Female Ethnicity: Asian Black Hispanic Indian White

Home Phone Number _____ Cell Phone Number _____

E-mail address _____

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.

 Signature Date

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

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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the Name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on 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 my 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)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
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
Destroyed Date: _____	_____	_____ initial
Retain in your files		

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 for 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 _____, on the _____ day of _____, _____.
County State 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 unsworn declaration.*