



EUSTACE INDEPENDENT SCHOOL DISTRICT

P. O. Box 188 Eustace, Texas 75124

Phone: 903-425-5151 Fax: 903-425-5147 www.eustaceisd.net



EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

PERSONAL DATA

Date of Application _____

Name _____
Last First Middle initial

Current address _____
Street/Box City State ZIP Code

Other address where you may be reached _____

Cell phone _____ Home phone _____ Other phone _____

Email Address: _____

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

Are you receiving Texas Teacher Retirement (TRS) benefits? Yes No

Position for which you are applying _____

Credentials included with application:

- Résumé
- Copy of all teaching and professional certificates
- Copy of all transcripts showing degrees

Date Available _____

Former Eustace ISD Employee: Yes No

If you answered yes, provide dates of employment _____

EDUCATION

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA, DEGREE, OR CERTIFICATE	Year graduated <i>(College only)</i>

CERTIFICATION

Certificates or Licenses Currently Held:

- None
- Valid Texas
- Valid Other State _____
- Texas Emergency
- Texas One-Year): Expiration date: _____
- Temporary Administrative Expires: _____

Category/Level(s) of Certification: _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

NAME AND LOCATION OF SCHOOL		NAME AND LOCATION OF SCHOOL	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	
NAME AND LOCATION OF SCHOOL		NAME AND LOCATION OF SCHOOL	
Type of assignment		Type of assignment	
Dates taught		Dates taught	
Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving	

PROFESSIONAL DATA	Please list any relevant specialized training and workshops attended or conducted.	

OTHER WORK EXPERIENCE	Please provide a list of other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	

REFERENCES	Please 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

GENERAL INFORMATION	<p>Do you have a relative who serves on the Board of Education or is an employee of Eustace ISD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____ _____</p> <p>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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____ _____ _____</p> <p>(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.)</p>
VERIFICATION	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;"> _____ Signature _____ Date </p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>
PERSONAL COMMENTS	_____ _____ _____ _____ _____ _____

**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*

The district Title IX Coordinator is Dr. Coy Holcombe 320 FM 316 S. Eustace, Texas 75124 903-425-5151

EUSTACE INDEPENDENT SCHOOL DISTRICT

Thank you for your interest in working with the students of Eustace ISD. Briefly, please tell us about any past experience you have that will be beneficial in working with school-age children.

Thank you

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Eustace Independent 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 _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female Ethnicity: Black White/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.

Signature

Date

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

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

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 _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	