



EUSTACE INDEPENDENT SCHOOL DISTRICT

PO Box 188 • Eustace, Texas 75124

Phone: 903-425-5151 • 903-425-5147

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

LAST NAME:

PERSONAL DATA

Date of Application _____ Social Security No. _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Other address where you may be reached _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

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

POSITION DATA

Position for which you are applying _____

Credentials included with application:

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

Date available: _____

Former Eustace ISD Employee: Yes No

If yes, give dates of employment: _____

FIRST:

EDUCATION / TRAINING

Schools Attended: List all applicable information.

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY MAJOR/MINOR FIELDS	DIPLOMA, DEGREE OR CERTIFICATE	YEAR GRADUATED (COLLEGE ONLY)
LAST HIGH SCHOOL			
COLLEGES OR UNIVERSITIES			

M.I.:

CERTIFICATION

Certificate or License Currently Held:

- None
- Valid Texas
- Valid Other State _____
- Texas Emergency
- Texas One-Year certificate: Expires _____
- Texas Temporary Administrative: Expires _____

Level(s) of Certification: _____

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

Please list subject areas in which you have
18 or more hours.

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

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 any relevant specialized training and workshops attended or conducted.

GENERAL INFORMATION

Do you have a relative who serves on the Eustace ISD Board of Education? Yes No

If yes, please provide the relative's name and relationship _____

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)? 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.)

REFERENCES

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 four employers.

FULL NAME OF 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 and 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 same to you.

I understand that the district is required by Texas Education Code §22.083 to obtain criminal history record information on applicants selected for employment.

Signature of Applicant

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 of time not to exceed one year. If you have not received a response during this time period, you may reapply or reactivate your application.

Personal Comments

We consider application for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, veteran or military status, disability, or any other legally protected status.

Consideramos a solicitantes para todo posicionan sin el respecto para competir, colorar, el origen nacional, la edad, la religion, el sexo, la posicion marital, el veterano o la posicion militar, la incapacidad, o cualquier otra posicion legalmente protegida.

An Equal Opportunity Employer

CRIMINAL HISTORY RECORD 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, _____, 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 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 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 _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	