

TEAGUE INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin or handicap.

POSITION(S) APPLIED FOR

DATE _____

1. _____
2. _____
3. _____

I. IDENTIFYING INFORMATION

NAME: _____ SOCIAL SECURITY # _____ - _____ - _____
(Last) (First) (Middle)

ADDRESS:

PHONE:

HOME:

WORK:

OTHER:

II. GENERAL INFORMATION

1. List any relative working in Teague ISD

2. Have you ever worked here before? () YES () NO List Dates:

3. Date available for work

4. Do you speak any foreign languages fluently?

() YES () NO If yes, please list.

5. Have you ever been convicted of a felony? ___No ___Yes If yes, please describe.

Have you ever been convicted of any misdemeanor involving a minor? ___No ___Yes If yes, please describe.

6. List any professional, community, or service organizations of which you are a member. (Omit religious, racial or ethnic organizations.)

- 7. List all professional certificates and endorsements held.

- 8. List any extra curricular activities that you may be interested in sponsoring or assisting with.

- 9. List any academic or professional honors you have received.

NOTE: Please attach a copy of your teaching certificate.
 A resume may be attached as a supplement to Part II

III. EDUCATION AND TRAINING

SCHOOL ATTENDED	DATES ATTENDED	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE OR UNIVERSITY		
GRADUATE WORK		
OTHER		
NOTE: Please attach a copy of all transcripts.		

IV. WORK EXPERIENCE

1. PRESENT OR LAST EMPLOYER:	
ADDRESS & PHONE NO:	
NAME AND TITLE OF SUPERVISOR:	
POSITION YOU HELD AND JOB RESPONSIBILITIES:	
MAY WE CONTACT YOUR PRESENT EMPLOYER?	() YES () NO

COMMENTS:

2. Complete Teaching Experiences

NAME OF SCHOOL OR INSTITUTION LOCATION	GRADES OR HS SUBJECTS TAUGHT	DATES OF EMPLOYMENT FROM TO
TOTAL YEARS OF TEACHING EXPERIENCE		

V. OTHER PROFESSIONAL REFERENCES

List any professional or work-related references you would like us to contact, other than the supervisor previously listed.

1. Name

Address

Position

Phone No.

2. Name

Address

Position

Phone No

3. Name

Address

Position

Phone No

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all of the information provided in this application is true and complete to the best of my knowledge.
I understand that, if employed, any falsified information shall be considered sufficient cause for dismissal.

(DATE)

(APPLICANT'S SIGNATURE)

APPLICATION WILL REMAIN ACTIVE FOR
NOT LESS THAN SIX MONTHS

PROVIDING YOUR SOCIAL SECURITY NUMBER
ALLOWS THE DISTRICT TO VERIFY
ANY CERTIFICATIONS YOU MAY HAVE.
DISCLOSURE IS OPTIONAL.



PLEASE RETURN APPLICATION TO:

Teague Independent School District
Superintendent's Office
420 N. 10th
Teague, TX 75860
(254) 739-3071

CRIMINAL HISTORY RECORD INFORMATION

CONFIDENTIAL

The Teague Independent School District is authorized and required by law to obtain state and national criminal history record information on employees, applicants and volunteers (Texas Education Code §22.083). The information required below is necessary to obtain criminal history record information.

Please Print

Name _____
Last First Middle

Address: _____
Street City State Zip Code

Social Security Number _____ Drivers License Number _____

Date of Birth _____
mm/dd/yyyy

Sex: Male Female

Ethnicity: Black White Hispanic
 Asian or Pacific Island
 Native American Other

Previous Names & Addresses:
(Including maiden name)

Name Address City, State, Zip Code

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

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

TEAGUE ISD

Agency Name (Please print)

CHERYL TUCKER

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	