

## APPLICATION FOR PROFESSIONAL POSITION

**Crockett County CCSD**

P.O. Box 400 \* Ozona, Texas 76943 \* Ph: 325-392-5501 \* Fax: 325-392-5177

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

<b>Personnel Data</b>	Date of Application _____ Social Security Number _____  Name _____ Last _____ First _____ Middle Initial _____  Current Address _____ Address _____ City _____ State _____ Zip Code _____  Other Address _____ Address _____ City _____ State _____ Zip Code _____  Work Phone Number _____ Home Phone Number _____  Other name that may appear on records _____			
<b>Position Data</b>	List the position(s) you are applying for: _____ Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees  Date you can begin work: _____  Have you been employed by <b>Crockett County CCSD</b> in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment: From _____ To _____			
<b>Education/Training</b>	Name and Location of Schools Attended	Course of Study Major/Minor Fields	Diploma, Degree, Certificate or License Held	Year Graduated (College Only)

Certification	Certificate or license currently held: <div><input type="checkbox"/> None</div> <div><input type="checkbox"/> Valid Texas</div> <div><input type="checkbox"/> Valid Other State</div> <div><input type="checkbox"/> Texas Emergency</div> <div><input type="checkbox"/> Texas One-Year: Expires _____</div>			
	Areas of Specialization: <div><div><input type="checkbox"/> Administrator</div><div><input type="checkbox"/> Superintendent</div><div><input type="checkbox"/> Principal</div><div><input type="checkbox"/> Midmanagement Administrator</div><div><input type="checkbox"/> Elementary</div><div><input type="checkbox"/> Elementary and Kindergarten</div><div><input type="checkbox"/> Secondary (Jr/Sr High)</div></div> <div><div><input type="checkbox"/> All-Level Art</div><div><input type="checkbox"/> All-Level Health and PE</div><div><input type="checkbox"/> All-Level Music</div><div><input type="checkbox"/> Librarian</div><div><input type="checkbox"/> Counselor</div><div><input type="checkbox"/> Special Education (specify) _____</div></div> <div><div><input type="checkbox"/> Vocational (specify) _____</div><div><input type="checkbox"/> Nurse</div><div><input type="checkbox"/> Visiting Teacher</div><div><input type="checkbox"/> Supervisor</div><div><input type="checkbox"/> Other (specify) _____</div></div>			
Teaching Experience	List teaching experience beginning with most recent years. *Total years teaching experience: _____			
	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 <b>Crockett County CCSD</b> Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please provide the relative's name and relationship: _____				
	_____				
	Have you ever been convicted of or plead guilty or no consent (nolo contendere) to a felony or 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				
References	If yes, please state where, when, and 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 of Reference	School District/ Firm Name	Mailing Address	Position/ Title	Area Code/ Phone Number

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 the district intends to employ.

\_\_\_\_\_  
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 365 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.

Below are questions designed to assist in determining TRS membership eligibility.

1. Have you ever worked for a TRS-covered employer\*? ☐ Yes ☐ No \_\_\_\_\_

\*State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools.

2. Did you contribute to TRS during this period of employment? ☐ Yes ☐ No

3. If the answer to #2 is yes, have you withdrawn your funds from TRS? ☐ Yes ☐ No

4. If the answer to #3 is NO, do you receive a monthly retirement check from TRS? ☐ Yes ☐ No

**Crockett County Consolidated Common School District**  
**Personnel Information/Criminal History Release**

This form will be removed from the application and filed separately in the Personnel Office. Please complete all blanks.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Sex ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_ Class \_\_\_\_\_

DL Exp. Date \_\_\_\_\_

(Check One or More)

☐ Employee/Applicant ☐ Substitute Personnel ☐ Student Teacher ☐ Parent Volunteer

☐ Student Volunteer (for class credit) ☐ Individual Volunteer ☐ AVID Tutor

☐ Other \_\_\_\_\_

If Volunteering:

School where volunteering \_\_\_\_\_

Highest Degree Held \_\_\_\_\_ Teacher Certified ☐ Yes ☐ No State \_\_\_\_\_

**Please Read and Sign Below**

I hereby give the Crockett County Consolidated Common School District written permission by and through this release form to obtain from any law enforcement or criminal justice agency all criminal history record information that relates to me. (As per Texas Education Code . 22.083)

It is my understanding that by signing this release, I am giving Crockett County CCSD the authority to use this information to run a criminal background check annually as long as I am employed by the District.

It is understood that the information shall be treated confidentially and used only to evaluate my application to work in the Crockett County Consolidated Common School District. As an applicant herein, I shall hold CCCSD and all other agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release approval will be maintained within the District's files.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice Regarding Background Check and Fingerprinting Fees**

Crockett County CCSD assumes the cost of all required Criminal Background Check and Fingerprinting fees at the time employment is extended. If an employee leaves the district within one calendar year of hire, these fees will be recovered from final payroll disbursements.

I acknowledge understanding of this policy.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

**(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: \_\_\_\_\_

Empl \_\_\_\_ Vol/Contractor \_\_\_\_ \_\_\_\_\_ initial

Date Printed: \_\_\_\_\_ \_\_\_\_\_ initial

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ initial

**Retain in your files**