



Jonesboro Independent School District

An Equal Opportunity Employer

Employment Application for Professional Personnel



Jonesboro ISD does not discriminate on the basis of sex, disability, race, color, age or national origin in its educational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Name _____
Last First Middle Maiden

Date of Birth _____ Social Security No. _____

Address _____
Street/Box City State Zip Code

Other Address where you may be reached _____

Work Phone _____ Home Phone _____

Name used on records if different from present name _____

Position for which you are applying _____

Credentials included with application _____

Date Available _____

Former JISD Employee No _____ Yes _____

If yes, give dates of employment _____

Schools Attended

Name of School and Location	Dates of Attendance	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated

Please list all certificates held

Please list all areas of specialization

Please list all teaching experience

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

Total creditable years _____

Please list all other job experiences you have had in the past 10 years

Name and Location	Position or Title	Dates Employed	Reason for Leaving

Publications/Articles _____

Seminars/Workshops conducted _____

Other related professional activities _____

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying? No _____ Yes _____

If yes, please explain _____

Please list any relatives who it either a member of the JISD Board of Education or who is employed in any capacity at JISD _____

Please list any felony conditions or offense involving moral turpitude and/or including any probation or deferred adjudication _____

Please list references below

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

Please make a statement in your own handwriting concerning reasons for desiring a position with JISD.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that, if employed, any falsified information may be considered sufficient cause for dismissal. Furthermore, this application becomes the property of the district which reserves the right to accept or reject it.

Signature of Applicant

Date

I hereby authorize the district to obtain information from any law enforcement agency, including a police department, the Department of Public Safety, or the Texas Department of Correction, that relates to employment with the district.

Signature of Applicant

Date

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

Confidential*

The Jonesboro 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 Maiden

List any married names or other names you have had _____

Mailing Address _____
Street/Box City State Zip

Telephone _____ Social Security Number _____

Date of Birth _____ Sex: ☐ Male ☐ Female

Ethnicity: ☐ Black ☐ Hispanic ☐ White/Other Number _____

Driver's License: State _____ Number _____

Have you resided in any U. S. state(s) other than Texas? ☐ Yes ☐ No

If you answered yes, please complete the following:

From Year	To Year	No. Of Years You Live There	Your Age When You Live There	City	State	County

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 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.

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 <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	