

Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**PROFESSIONAL PERSONNEL  
EMPLOYMENT APPLICATION**

**MERIDIAN INDEPENDENT SCHOOL DISTRICT  
P. O. Box 349  
Meridian, Texas 76665  
Phone: (254) 435-2081**

*An Equal Opportunity Employer*

**EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL**

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 protected status.

*An Equal Opportunity Employer*

**Personnel Data**

Date of application \_\_\_\_\_ Social Security number \_\_\_\_\_

Name \_\_\_\_\_  
*Last  First  Middle Initial*

Current Address \_\_\_\_\_  
*Street/Box  City  State  Zip Code*

Other address where you may be reached \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_  
*(Use only for reference checks)*

**Position Data**

List the position(s) you are applying for \_\_\_\_\_

Credentials included in application

- Resume
- All teaching and professional certificates or licenses
- All transcripts showing degrees

Date you can begin work \_\_\_\_\_

Have you been employed by Meridian ISD in the past?  Yes  No

If you answered yes, provide date of employment \_\_\_\_\_

**Education/Training**

Name and location of Schools attended	Course of Study and major/minor	Diploma, degree, certificate, or license held	Year graduated <i>(college only)</i>

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**Certification**

Certificate or license currently held:

- None
- Valid Texas
- Valid Other State
- Texas Emergency
- Texas One-year: Expires \_\_\_\_\_
- Texas Temporary Administrative: Expires \_\_\_\_\_

**Areas of Specialization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administration         | <input type="checkbox"/> All-Level Art                        | <input type="checkbox"/> Vocational (specify)     |
| <input type="checkbox"/> Superintendent         | <input type="checkbox"/> All-Level Health and PE              | _____   |
| <input type="checkbox"/> Principal              | <input type="checkbox"/> All-Level Music                      | <input type="checkbox"/> Nurse                    |
| <input type="checkbox"/> Midmanagement Adm.     | <input type="checkbox"/> Librarian                            | <input type="checkbox"/> Visiting Teacher         |
| <input type="checkbox"/> Elementary             | <input type="checkbox"/> Counselor                            | <input type="checkbox"/> Supervisor               |
| <input type="checkbox"/> Elementary & Kind.     | <input type="checkbox"/> Special Education ( <i>specify</i> ) | <input type="checkbox"/> Other ( <i>specify</i> ) |
| <input type="checkbox"/> Secondary (Jr/Sr High) | _____   | _____   |

**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

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**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 Meridian ISD Board of Education?

Yes  No If yes, please provide the relatives name and relationship: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a felony or 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; 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 you last two employers.

Full name of Reference	School district/ firm name	Mailing Address	Position/Title	Area Code/ phone number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL**

**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 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 and 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 selected for employment.

\_\_\_\_\_  
*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 180 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.

**CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

**Confidential\***

The Meridian Independent School District is authorized by state law to obtain criminal history record information on applicants being considered for employment (Texas Education Code 22.083). 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 personnel office.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

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 LI 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, LI 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

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES ___ NO ___	___ initial
Purpose of CCH: _____	
Hire ___ Not Hired ___	___ initial
Date Printed: _____	___ initial
Destroy Date: _____	___ initial
<b>Retain in your files</b>	