

Colmesneil Independent School District

Application for Professional Employment

Print in Blue or Black ink. Please fill out application form completely. If questions are not applicable, enter "NA". Be sure to sign when completed. The Colmesneil ISD is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must have an original signature. This application becomes public record and is subject to disclosure.

Name: _____ Social Security No. ____ - ____ - ____

Current Mailing Address: _____

Phone: (____) ____ - ____ (____) ____ - ____ Email: _____

List any other names used, if different from the name given on this application: _____

Position sought: ☐ Elementary Teacher ☐ Secondary Teacher ☐ Administrator

Please attach the following information to this application:

1. Resume – must include the following
 - a. Name and location of High School Attended
 - b. A minimum of 5 references with contact information to include:
 - i. Name, position, title, etc.
 - ii. Relationship
 - iii. Telephone number
 - iv. Email address
 - c. Special skills/Qualifications that possess that apply to the position you are seeking
 - d. Any licenses, certificates or authorizations you possess that apply to the position you are seeking
 - e. Complete employment history to include:
 - i. Current position, working back to last position
 - ii. Titles held in those positions
 - iii. Salary
 - iv. Name, address and contact of employer and direct manager/supervisor
 - v. Specific reason for leaving
2. Certificate, License or Area(s) of Specialization
 - a. Please attach a copy of your SBEC record to this form

Which type of drivers' license do you possess? ☐ Class A ☐ Class B ☐ Class C ☐ Class M ☐ CDL: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please provide a detailed explanation on a separate sheet. Provide: dates, nature of offense, location of court, disposition of case. A conviction may not disqualify you, but a false statement will. A felony conviction is not an automatic bar to employment. The district will consider all pertinent information.

Have you ever been recommended for non-renewal or termination or resigned pending non-renewal or termination?

☐ Yes ☐ No If yes, give the name of the district, the date and reason: _____

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: _____

Do you have a relative who serves on the Colmesneil ISD Board of Education? ☐ Yes ☐ No If yes, please provide the name and relationship: _____

Do you speak any languages other than English? ☐ Yes ☐ No If yes, what language do you speak?: _____

Level of Fluency? ☐ Excellent ☐ Good ☐ Fair

Are you receiving Texas Teacher Retirement (TRS) benefits? ☐ Yes ☐ No
(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)

Personal Statement

Please make a statement, in your own handwriting, concerning your reasons for seeking a position with the Colmesneil Independent School District. Please limit your statement to the area provided below.

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the US.
3. I understand that some state agencies will check with the Texas Department of Public safety and/or the Federal Bureau of Investigation for any criminal history in accordance with acceptable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

This application must be signed:

Applicant Signature

Date

Colmesneil Independent School District
P.O. Box 37
Colmesneil, Texas 75938
Phone: (409) 837-5757

Pre-Employment Affidavit for Applicant (No Notarization)

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

☐ I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be false. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

☐ I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be true. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction:

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____ on the _____ day of _____, 20____.
County State Date Month Year

(Signature of Declarant)

I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.*

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, May 2020.

Colmesneil Independent School District
P.O. Box 37
Colmesneil, Texas 75938
Phone: (409) 837-5757

Colmesneil Independent School District

Fingerprint Information for Employment

Print in Blue or Black ink. Please fill out this criminal history report authorization completely. Be sure to sign when completed. The Colmesneil ISD is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

The information requested below is **CONFIDENTIAL** and not subject to Open Records Requests. The Colmesneil 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 _____
mm/dd/yyyy

Driver's License Number _____
State and Number

Mailing Address _____
Street City State ZIP

Sex: ☐ Male ☐ Female

I understand the information I am providing about age and sex **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, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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/Review%20of%20Personal%20Criminal%20History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

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	