"Respect...Commitment...Success"

STRAWN INDEPENDENT SCHOOL DISTRICT

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

An Equal Opportunity Employer

		in Equal Opportunity			
ersonal Data	Date of application				
	Name				
	Last Current address	First	Mic	dle initial	
	St St	reet/Box	City State	ZIP Code	
ő	Current address Street/Box Other address where you may be reached Middle initial Middle initial Middle initial				
ers	Work phone	Hom	e phone		
٦	Other name that may appear on records				
Data	Credentials included with ap	plication:			
	☐ Résumé				
	☐ All teaching and profess		censes		
Position	☐ All transcripts showing	•			
So	Have you been employed byISD in the past? ☐ Yes ☐ No				
ш.	If you answered yes, provide	dates of employment			
	Check the highest level of ed	lucation attained:			
J.	☐ High school graduate ☐ GED ☐ Less than two years of college				
	☐ Two or more years of col				
	☐ Master's degree	ng or education			
	Name and location of	Course of study	Diploma, degree, certifi-	Year grad-	
	schools attended	and major/minor	cate, or license held	uated (College only)	
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EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

Certification	Certificate or License Currently Held: None Valid Texas Valid Other State Texas Emergency Texas One-Year: Expires Texas Temporary Administrative: Expires Level(s) of Certification: Areas of Specialization/Endorsements (as listed on certification):				
	List teaching experience beg				
ce	Name and location of school	Type of assignment	Dates taught	Reason for leaving	
erien					
g Exp					
Teaching Experience					
	Please provide a list of all of 10 years. Attach additional s	have held in the past ilable.			
ence	School district/firm name	Position/title	Dates employed	Reason for leaving	
xperie					
Other Work Experience					
ther V					
	5.005				

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

Assignment Preference	Assignment Preferred campuses Are you receiving T	Every day or on Monday Tue Any or only the Elementary I Exas Teacher Ret t an individual receives	sday 🗆 Wednesday (☐ Thursday ☐ F dary ☐ Special]	riday Education
General Information	Have you ever been convicted of, plead guilty or no contest (nolo contendre) to, or received probation, suspension, or deferred adjudication for a felony or any 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 (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.)				
Please list references the district can contact regarding your work history. Includagers and supervisors who evaluated or supervised your performance at your last employers.			Area code, phone number		

EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

Have you ever (circle yes or no):

- 1. Received a less than satisfactory employment evaluation from an employer? YES / NO
- 2. Been asked to resign? YES / NO
- 3. Been terminated by a school or school system? YES / NO
- 4. Had your contract non-extended, non-renewed, or terminated by a school system? YES / NO
- 5. Had your contract proposed for non-extension, non-renewal, or termination for some disciplinary reason? YES / NO
- 6. Had a teaching credential or license denied, revoked, or suspended in any state? YES / NO
- 7. Been placed on disciplinary probation or been suspended from any position? YES / NO
- 8. Received a sanction for a credentialing or licensing authority, or had your credentials or license revoked or suspended by such authority? YES / NO
- 9. Been the subject of a sexual harassment complaint? YES / NO
- 10. Have you ever been (1) convicted of, or (2) plead guilty, or (3) received deferred adjudication, or (4) plead no contest (nolo contender) to a felony or misdemeanor other than minor traffic violations? The scope of inquiry includes but is not limited to, crimes of theft, rape, sexual assault, murder, swindling, indecency with a minor and possession or sale of marijuana or any category of illegal drugs? YES / NO
- 11. 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:

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

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.

STRAWN INDEPENDENT SCHOOL DISTRICT

224 E. Walnut Street

"Respect...Commitment...Success"

SCHOOL DISTRICT

Disclosure To Employment Applicant Regarding Procurement Of A Consumer Report

In connection with your application for employment, we may procure, or cause to be procured, a consumer report (excluding credit information, but including public record information), on you as part of the process of considering your candidacy or status as an employee or volunteer with the School District (ISD). The ISD will use sources including, but not limited to, NCTC, PO Box 3790, Lubbock, TX 79452-3790 and the Texas Department of Public Safety to procure criminal history information. In the event that information from a report is utilized in whole or in part in making an adverse decision with regard to your status as an employee, the ISD will provide you with a copy of the consumer report, as allowed by law, and a written description of your rights under law.



SCHOOL DISTRICT

Criminal History Authorization

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the school district. Therefore, as a part of your application process, you need to complete the following questions:

(Please Print)				
Last Name	First Name	MI Jr./Sr. etc		
Social Security Number	Driver License Number	State		
<u> </u>				
Birth Date (mm/dd/yy)	Sex (check one) Race (check one	e)		
1 1	☐ Male ☐ Female ☐ Hispanic	☐ Black ☐ White/Other		
Current Address				
City	State ZIP			
For Each Residence In The Last Fiv	re Years, List The City, State, and Applicable I	Dates.		
City	State From (mm/yy) To (mm/y	() () () () () () () () () ()		
Volunteers Only - List campuses or p	orograms of interest to you:			
Have you ever been convicted of or	received deferred adjudication for a criminal of	offense?		
If yes, please indicate the year, locat	tion and type of each offense. More facts may	need to be discussed later.		
Location: (city, state) Offense: Last Name: Year:				
-				
		School District is authorized to use any source includ-		
ing, but not limited to, consumer reporting a	of District's agent(s) to obtain a consumer report on the agencies, private investigators, and law enforcement	e. School District is authorized to use any source includagencies. Furthermore, I authorize any of these agen-		
cies to release information on me to School District or School District's agent(s).				
I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used				
solely for the purpose of obtaining consumer information,				
including criminal history information. I further understand that information from my consumer report will not be used in				
violation of any applicable Federal or State equal employ- ment opportunity laws. Signature of Applicant Date				
	Olgitata. O o			
FOR OFFICE USE ONLY: (Check C	2-4:01	FOR OFFICE USE ONLY:		
— — — — — — — — — — — — — — — — — — —		FOR OFFICE USE ONLY:		
그리고 있는데 하는데 중요한 경험을 하면 하지만 원범인 경험을 다 먹는데 하는데 없었다.	Only One) Substitute Teacher Seacher Assistant	POR OFFICE USE ONLY: □ NATIONAL / NCTC EXPANDED □ STATE / NCTC IN FILE		

Strawn ISD

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Strawn ISD** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Strawn ISD** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Strawn ISD** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Strawn ISD** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information	710 Mg Pp 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Simple states and the second states are also second states and the second states are also second states and the
Name of Financial Institution:		
Routing Number:		
Account Number:	Checking	Savings
Account Information		3 1 42 4 5 1 7 4
Name of Financial Institution:		
Routing Number:		
Account Number:	Checking	Savings
Signature		
Authorized Signature (Primary):	Date: _	
Authorized Signature (Joint):	Date: _	

Please attach a voided check or deposit slip and return this form to the Payroll Department.