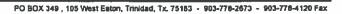




APPLICATION FOR PROFESSIONAL EMPLOYMENT
An Equal Opportunity Employer*

Dat	Date of application				
Personal Data	Name Last Current address St Other address where you ma Home phone Other name that may appear (Used for certification, reference, and	First reet/Box City y be reached Cell phone on records	State Z Other phone		
Position Data	List the position(s) for which you are applying Credentials included with application: Résumé All teaching and professional certificates or licenses All transcripts showing degrees Date you can begin work Have you been employed by Trinidad ISD in the past? Yes No If you answered yes, provide dates of employment				
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated (College only)	





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	Certificates or Licenses Currently Held:						
ure	□ None						
	□ Valid Texas						
ns	☐ Valid Other State						
Certification/Licensure	Texas One-Year (out-of-state/country): Expiration date:						
		Other: Category/Level(s) of Certification:					
fice	Areas of Specializ	zation/Supplemental Certifi	cates/Endorsements	(as listed on certification):			
erti							
Ö							
				<u>.</u>			
	List teaching expe	rience beginning with most	recent years.				
	Name and location		Name and location of				
	of school		school				
		::					
	Type of assignment	_	Type of assignment				
	Dates taught		Dates taught				
ce	Principal's name		Principal's name and	<u></u>			
rie	and phone		phone phone				
Experience	Reason for leaving		Reason for leaving				
Teaching	Name and location of school		Name and location of				
Tea	of school	-	school				
•	Type of assignment	£ :	Type of assignment				
!							
	Dates taught		Dates taught				
	Principal's name		Principal's name and				
1	and phone		phone				
	Reason for leaving	_	Reason for leaving				
	<u> </u>			<u> </u>			





Please provide a list of all other jobs or administrative positions you have held years. Attach additional sheets if necessary. Attach résumé if available.						ld in the past 10	
	Employer name and location			Employer na location	ame and		
	Position/title held			Position/title	e held		
90	Dates employed			Dates emplo	yed		
perien	Supervisor's name and phone			Supervisor's and phone	s name		
ork Ex	Reason for leaving			Reason for l	eaving		
Other Work Experience	Employer name and location			Employer na location	ame and		
Ŏ	Position/title held			Position/title	e held		
	Dates employed			Dates emplo	yed		
	Supervisor's name and phone			Supervisor's and phone	s name		
	Reason for leaving			Reason for l	eaving		
Please list references the district can contact rega					ur work l	iistory.	
	Full name of reference	School district/ firm name		1ailing ddress	Positi	on/title	Area code/ phone number
ences							
Reference							
		===					





	Do you have a relative who serves on the Board of Education or is an employee of Trinidad ISD?				
General Information	☐ Yes ☐ No If yes, please provide the relative's name and relationship:				
	Have you ever been convicted of, pled 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				
Gene	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.)				
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 sub sequent 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, per sonal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.				
Veri	I understand that the district is required by Texas Education Code to review criminal history of applicants.				
	Signature Date				
	This application becomes the property of the district. The district reserves the right to accept or reject it.				

The district Title IX Coordinator is Superintendent (903)778-2673.



^{*}Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status.



CRIMINAL HISTORY RECORD INFORMATION REQUEST

Confidential

The Trinidad 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 Social Security Number			First Date of birth		Middle
Driver's Lice	nse				
		d Number	<u> </u>		
Mailing Address					
	Street	City	5	State	Zip
Sex: □ Ma	le 🛭 Female	Ethnicity:	☐ Black	□ White/0	Other
	hat the information gibility for employs I information.				
Signature					
Date					
* This form	n will be removed fron	1 the application and f	iled separately in the	HR office.	



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

(AGENCI)	COPT				
I,, APPLICANT or EMPLOYEE NAME (Please print)	have been notified that a computerized criminal				
history (CCH) verification check will be performed by a	accessing the Texas Department of Public Safety				
Secure Website and will be based on name and DOB inf	ormation I supply.				
Because the name based information is not an e	xact search and only fingerprint record searches				
represent true identification to criminal history, the	organization (as listed below) conducting the				
criminal history check is not allowed to discuss any information obtained using this method, therefore					
the agency may offer the opportunity to have a	fingerprint search performed to clear any				
misidentification based on the name search, if the search	n provides a criminal report I know could not be				
mine.					
For the fingerprinting process I will be require	red 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 have the				
correct fingerprinting (FAST) form from this agency, r	nake an online appointment, submit a full and				
complete set of my fingerprints, and pay a fee of \$	19.95 to the fingerprinting services company,				
L1Enrollment 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 agen	cy. Required for future DPS Audits)				
Signature of Applicant or Employee	Please: Check and Initial each Applicable Space				
Date //	CCH Report Printed:				
Date	YESNOinitial				
Agency Name (Please print)	Purpose of CCH:				
Agency Representative Name (Please print)	Hired Not Hired initial				
regoley representative rease printy	Date Printed: / /initial				
Signature of Agency Representative	Destroyed Date:/ /initial				

Retain in your files