

Application for Professional Personnel  
**SCHLEICHER COUNTY INDEPENDENT SCHOOL DISTRICT**

P.O. Box W \* Eldorado, Texas 76936 \* Ph. 325-853-2514 \* Fax. 325-853-2695

<b>Personal Data</b>	<p>Name _____  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div> <p>Current address _____  <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span><i>Street/Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP Code</i></span> </div> <p>Other address where you may be reached _____  Home Phone _____ Cell Phone _____  Other name that may appear on records _____  <i>(Used for certification, reference, and criminal history record checks)</i> <p>Email Address: _____ </p></p></p></p>			
<b>Position Data</b>	<p>List the position(s) for which you are applying _____  _____</p> <p>Credentials included with application:</p> <p><input type="checkbox"/> Résumé</p> <p><input type="checkbox"/> All teaching and professional certificates or licenses</p> <p><input type="checkbox"/> All transcripts showing degrees</p> <p>Date you can begin work _____</p> <p>Have you been employed by Schleicher County ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, provide dates of employment _____</p>			
<b>Education/Training</b>	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <i>(College only)</i>

<b>Certification/Licensure</b>	<p>Certificates or Licenses Currently Held:</p> <p> <input type="checkbox"/> None  <input type="checkbox"/> Valid Texas  <input type="checkbox"/> Valid Other State _____  <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____  <input type="checkbox"/> Other: _____         </p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>																																											
<b>Teaching Experience</b>	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td><td style="width: 25%;">Name and location of school</td><td style="width: 25%;"></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> <tr> <td>Name and location of school</td><td></td><td>Name and location of school</td><td></td></tr> <tr> <td>Type of assignment</td><td></td><td>Type of assignment</td><td></td></tr> <tr> <td>Dates taught</td><td></td><td>Dates taught</td><td></td></tr> <tr> <td>Principal's name and phone</td><td></td><td>Principal's name and phone</td><td></td></tr> <tr> <td>Reason for leaving</td><td></td><td>Reason for leaving</td><td></td></tr> </table>				Name and location of school		Name and location of school		Type of assignment		Type of assignment		Dates taught		Dates taught		Principal's name and phone		Principal's name and phone		Reason for leaving		Reason for leaving		Name and location of school		Name and location of school		Type of assignment		Type of assignment		Dates taught		Dates taught		Principal's name and phone		Principal's name and phone		Reason for leaving		Reason for leaving	
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<b>Other Work Experience</b>	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 résumé if available.				
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	<b>References</b>	Please list references the district can contact regarding your work history.			
Full name of reference		School district/ firm name	Mailing address	Position/title	Area code/ phone number

<b>General Information</b>	<p>Do you have a relative who serves on the Board of Education or is an employee of Schleicher County ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(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.)</p>
<b>Verification</b>	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

***An Equal Opportunity Employer***

*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. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

**\*Confidential**

The Schleicher County 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 \_\_\_\_\_

## Driver's License

Mailing Address \_\_\_\_\_  
*State and Number*  
 \_\_\_\_\_  
*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 HR 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

**SCHLEICHER COUNTY ISD**

\_\_\_\_\_  
Agency Name (Please print)

**SANDRA ROBLEDO**

\_\_\_\_\_  
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 _____
Destroyed Date: _____	initial _____
<b>Retain in your files</b>	