 Application for Professional Employment

Nazareth Independent School District

***An Equal Opportunity Employer***

Date of Application: Click here to enter a date.

**Section I: Personal:**

**Nazareth I.S.D.**

**PO Box 189**

**Nazareth, TX 79063**

**(806) 945-2231**

Name:Last Name, First Name, Middle Name.

Gender: Choose an item.DOB: Click to enter date.

**SS#**: Click here to enter text.

Current Address: Street/ PO BOX City State Zip Code

Other Addresses where you may be reached: Street/PO Box, City, State, Zip

Work Phone: xxx-xxx-xxxx Home Phone: xxx-xxx-xxxx Cell: xxx-xxx-xxxx

Email Address: email address. Have you been fingerprinted:  Yes  No

Other name that may appear on records: Enter here if applicable.

*(Used only for reference checks)*

Driver’s License #:DL number. State: State. CDL/Bus: No

**Section II: Position / Attachments:**

List the position(s) you are applying for: Position.

Credentials included with the application: (Check all that apply)

Resume

All teaching and professional certificates or licenses

All transcripts showing degrees

Letters of Recommendation

Other:Other.

Date you can begin work: Click here to enter date.

Have you ever been employed by Nazareth I.S.D. in the Past? Yes\* No

\*If you answered yes, provide dates of employment: Click here to enter dates.

**Section III: Education / Training:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of Schools  Attended | Course of Study  Major/Minor | Diploma, Degree, Certificate, or  License Held | Year Graduated |
| Name and location of school. | Program / Major / Minor | Degree/Cert/License. | Year of Grad. |
| Name and location of school. | Program / Major / Minor | Degree/Cert/License. | Year of Grad. |
| Name and location of school. | Program / Major / Minor | Degree/Cert/License. | Year of Grad. |

**Section IV: Certification(s)**

Certificate(s) or License(s) Currently Held:

None

Valid Texas: List valid certifications.

Valid Other State - Which? List certification and other state name.

Texas Emergency

Texas One-Year: Expires: Click to enter expiration date.

\* Texas Temporary Administrative: Expires: Click to enter expiration date.

Area(s) of Specialization:

Administrator

Superintendent

Principal

Mid-Management Admin

Elementary

Elementary and Kindergarten

Secondary (Jr. Sr. High)

All-Level Art

All-Level Health and PE

All- Level Music

Librarian

Counselor

Special Education (Specify)

Vocational (Specify)

Nurse

Visiting Teacher

Supervisor

Other (Specify)

**Section V: Teaching Experience**

*List teaching experience beginning with most recent years*

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of  School | Type of Assignment | Dates Taught | Reason for leaving |
| Name and location of school. | Assignment Type. | Dates Taught. | Reason for leaving. |
| Name and location of school. | Assignment Type. | Dates Taught. | Reason for leaving. |
| Name and location of school. | Assignment Type. | Dates Taught. | Reason for leaving. |

**Section VI: 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 a resume if available.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of  Job | Type of Assignment | Dates of Employment | Reason for leaving |
| Name and location of job. | Assignment Type. | Dates Employed. | Reason for leaving. |
| Name and location of job. | Assignment Type. | Dates Employed. | Reason for leaving. |

**Section VII: Professional Data**

Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/Articles Published: Click here to enter text.

Seminars/Workshops Conducted: Click here to enter text.

*(please attach more information on additional pages if needed)*

**Section VIII: General Information**

Do you have a relative who serves on the Nazareth I.S.D. Board of Education?

Yes\*  No If yes, please provide the relative's name and relationship:

\*Click here to enter text.

Have you ever been convicted of, plead guilty or no contest (nolo contender) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, & indecency with a minor)?

Yes\*  No If yes, please state where, when, and the nature of the offense

\*Click here to enter text.

*(A felony conviction is not an automatic bar of employment. The district will consider the nature, date, and the relationship between the offense and the position for which you are applying.)*

**Section IX: References**

*Please list references the District can contact regarding your work history. Include all managers and supervisors* *who* *evaluated or supervised your performance at your last two jobs.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | School District / Firm Name | Mailing Address | Position / Title | Phone Number |
| Name. | District/Firm. | Mailing Address. | Position / Title. | Phone. |
| Name. | District/Firm. | Mailing Address. | Position / Title. | Phone. |
| Name. | District/Firm. | Mailing Address. | Position / Title. | Phone. |
| Name. | District/Firm. | Mailing Address. | Position / Title. | Phone. |

**Section X: 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 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 property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

*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*

*legally protected status.*

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 Ll 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, Ll 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

Please:

Check and Initial each Applicable Space

Date CCH Report Printed:

Agency Name (Please print)

YES NO

Purpose of CCH:

initial

Agency Representative Name (Please print)

Hire Not Hired

initial

Date Printed: \_ \_

initial

Signature of Agency Representative Destroyed Date:

\_ \_ initial

Date

Retain in your files

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