

West Rusk County Consolidated Independent School District

P.O. Box 168 • New London, TX 75682 • Telephone(903) 392-7850 • Fax(903) 392-7866

Employment Application for Professional Personnel

We consider applications for all positions without regard to race, color, national origin, age, religion, sex, marital, or veteran status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

Personal Data	Date of application _____ Social Security number _____
	Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Last First Middle Initial </div>
	Current Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Street/Box City State Zip </div>
	Other address where you may be reached _____
	Work phone _____ Home phone _____
	Other name that may appear on records _____ (to be used for reference checks)

Position Data	List the position for which you are applying _____
	Credentials included with application: Resume All teaching and professional certificates or licenses (front and back, if appropriate) All transcripts showing degrees
	Date you can begin work _____
	Have you ever been employed by this school district? yes no
	If yes, give dates of employment _____

Education/Training	Names and locations of schools attended	Course of study: major/minor fields	Diploma, degree, certificate, or license held	Year graduated (college only)

Professional Data

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

Papers/articles published _____

Seminars/workshops conducted _____

Other related professional activities _____

General Information

Do you have a relative who is a member of the West Rusk CCISD Board of Trustees?
 yes no
 If yes, please provide the name of the relative and the relationship:

Have you ever been convicted of or plead guilty or no contest (nolo contendere) 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, or 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.)

References

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

Full name of reference	School district/ Firm name	Mailing Address	Position/Title	Area Code/ Phone Number

Certification	<p>Certificate or license held currently</p> <p>None Valid Texas Valid other state _____ Emergency (Texas only) Texas one-year certificate: expires on _____ Texas temporary administrative : expires on _____</p> <p>Areas of specializations</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Administrator</td> <td style="width: 33%;"><input type="checkbox"/> All level art</td> <td style="width: 33%;">Vocational (specify) _____</td> </tr> <tr> <td>Superintendent</td> <td>All level health & PE</td> <td>_____</td> </tr> <tr> <td>Principal</td> <td>All level music</td> <td>Nurse</td> </tr> <tr> <td>Mid-management administrator</td> <td>Librarian</td> <td>Visiting Teacher</td> </tr> <tr> <td>Elementary and kindergarten</td> <td>Counselor</td> <td>Supervisor</td> </tr> <tr> <td>Secondary (junior and senior high)</td> <td>Special Education (specify): _____</td> <td>Other (Specify) : _____</td> </tr> </table>	Administrator	<input type="checkbox"/> All level art	Vocational (specify) _____	Superintendent	All level health & PE	_____	Principal	All level music	Nurse	Mid-management administrator	Librarian	Visiting Teacher	Elementary and kindergarten	Counselor	Supervisor	Secondary (junior and senior high)	Special Education (specify): _____	Other (Specify) : _____
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Secondary (junior and senior high)	Special Education (specify): _____	Other (Specify) : _____																	

Teaching Experience	<p>List teaching experience beginning with most recent years.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;">Names and locations of schools</th> <th style="width: 20%;">Type of Assignment</th> <th style="width: 20%;">Dates Taught</th> <th style="width: 20%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Names and locations of schools	Type of Assignment	Dates Taught	Reason for leaving																
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Other Work Experience	<p>Please provide a list of all other jobs or administrative positions you have held in the past ten years. Attach additional sheets if necessary. Please, attach a resume, if applicable.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 35%;">School district/Firm name</th> <th style="width: 20%;">Position/Title</th> <th style="width: 20%;">Dates Employed</th> <th style="width: 25%;">Reason for leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	School district/Firm name	Position/Title	Dates Employed	Reason for leaving																
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Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understanding 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 same to you.

I understand that the District is authorized by Texas Education Code 22.083(b) to obtain criminal history record information on persons the District intends to employ.

Signature of Applicant

Date

This application becomes the property of the District. The District reserves the right to accept or reject it. This application will be considered active for 24 months. If you have not received a response during this time, you may reapply or reactivate your application.

For information about your rights or grievance procedures, contact the Title IX Coordinator and/or the Section 504 Coordinator, Lawrence Coleman at P.O. Box 168, New London, Texas 75682, or call (903) 392-7850.

It is the policy of West Rusk CCISD to not discriminate on the basis of sex, disability, race, color, age, or national origin, in its education programs, activities, or employment required by Title IX, section 504 and Title VI.

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.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime_Records_Information/Review_of_Personal_Criminal_History) 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	

West Rusk County Consolidated
Independent School District
P. O. Box 168
New London, Texas 75682-0168
Telephone: 903-392-7850 Fax: 903-392-7866

To the Custodian of the Information:

I, _____ an applicant for employment or volunteer service with the West Rusk County Consolidated Independent School District, authorize the West Rusk County Consolidated Schools to obtain any criminal history record information that relates to me.

I understand that this information may be obtained from any law enforcement agency. I further understand that the West Rusk County Consolidated Schools may use this information in evaluating me for employment purposes.

Signed this the _____ day of _____.
Day Month/Year

Signature of Applicant _____

Please print the following information:

Name: _____ Sex: _____

Other names that may appear on records: _____

Your email address: _____

Mailing Address: _____
P. O. Box/Street Address City State Zip

Date of Birth: _____ Race: _____

Social Security #: _____ Driver's License #: _____

Usser I.D. #: 0107e

21:917 Access to Police Records of Employment Applicants

- (1) A school district is entitled to obtain criminal history record information that relates to a volunteer applicant with the district if, at the time of the request for the information, the district submits to the custodian of the information a signed statement from the volunteer applicant authorizing the district to obtain the information.
- (2) A school district may obtain information under this section from any law enforcement agency, including the police department or the Department of Public Safety, or from the Texas Department of Corrections.
- (3) A school district may use information obtained under this section only for the purpose of evaluating volunteer applicants.

Added by Acts 1981, 67th leg., p. 1867, ch. 444, paragraph 1, effective August 31, 1981