

NEW SUMMERFIELD INDEPENDENT SCHOOL DISTRICT
PO Box 6, New Summerfield, TX 75780
(903) 726-3306

PROFESSIONAL APPLICATION

An Equal Opportunity Employer

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

I. PERSONAL DATA

Date of Application

Mo.	Day	Yr.

Date Available

Day	Yr.

Social Security No.

□	□	□	-	□	□	-	□	□	□	□
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Name: _____
Last
First
Middle

Address: _____
Street/PO Box
City
State
ZIP

Home Phone: _____ Work Phone: _____

Type of position(s) for which you are applying: _____

Credentials included with applications: ___ Résumé ___ All transcripts showing degrees
 ___ All teaching and professional certificates or licenses—front/back

Have you been employed by New Summerfield ISD in the past? Yes No
 If you answered yes, provide dates of employment _____

II. EDUCATION/TRAINING

Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate, or license held	Year Graduated <small>(College Only)</small>

III. CERTIFICATE OR LICENSE CURRENTLY HELD:

A. Type of certificate presently held:

- None
- Valid Texas
- Valid _____ state
- Emergency (Texas)
- Texas one-year certificate—expires _____
Month Year
- Texas temporary administrative—expires _____
Month Year

B. Areas of Specialization:

- Administrator
- Superintendent
- Principal
- Mid-management Adm.
- Elementary
- Elementary & Kindergarten
- Secondary (Jr./Sr. High) subjects: _____
- All Level Art
- All Level Health and PE
- All Level Music
- Librarian
- Counselor
- Nurse
- Visiting Teacher
- Supervisor
- Special Education _____
- Vocational _____

IV. TEACHING EXPERIENCE—beginning with most recent years

Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving

Total creditable years: _____ (This must be filled in. Only teaching full-time in college, public school or in an accredited private/charter school is creditable.)

V. OTHER WORK EXPERIENCE:

Please write below a complete listing of all jobs or administrative positions you have had in the last 10 years. Please attach additional sheets if necessary. PLEASE ATTACH RESUMÉ, stating responsibilities in detail.

School District/Firm Name	Position/Title	Dates Employed	Reason for Leaving

VI. PROFESSIONAL DATA—Please list relevant professional activities. Omit reference to organizations that would reveal race, age, ethnic origin, or religion.

Publications/Papers/Articles: _____

Professional organizations and offices: _____

Seminar/Workshops Conducted: _____

Other Related Professional Activities: _____

VII. GENERAL INFORMATION

Do you have a relative who is either a member of the new Summerfield ISD Board of Education or who is employed in any capacity in the New Summerfield ISD? Yes No

If yes, please provide the following information:

Name of Relative	Relationship	Position Held

Have you ever been convicted of, 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, 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.)

VIII. EMPLOYMENT REFERENCES:

Please list below references we can 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	Area Code/ Phone	Dates Employed

IX. PERSONAL STATEMENT:

Please make a statement in your own handwriting concerning your reasons for desiring a position with New Summerfield ISD.

X. VERIFICATION:

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of facts 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 X22.083 to obtain criminal history record information on applicants the district intends to employ.

DATE: _____, 20____

Legal Signature of Applicant

This application becomes the 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 applications.

NEW SUMMERFIELD ISD

The New Summerfield Independent School District is required by state law, Texas Education Code, Section 21.917, to obtain criminal history record information on all applicants for employment with the district. The information requested below is necessary to obtain criminal history record information and will be used only for this purpose. This form is not considered a part of your application for employment and will be promptly removed from your application.

Full Name: _____
 Last First Middle

Driver License #: _____ Social Security #: _____

Date of Birth: _____ Sex: _____ Male _____ Female

Ethnicity: Black White Hispanic Other

I understand the information I am providing about age, ethnicity and sex will not be used to determine eligibility for employment. But will be used solely for the purpose of obtaining criminal history record information.

Signature

This form will be removed from the application and filed in the business office.

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

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

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	