

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

SERVICE/SUPPORT/SUBSTITUTE 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.

PERSONAL:

Name: _____
Last First Middle

Address: _____
Street/PO Box City State ZIP

Home Phone: _____ Social Security #: _____

Are you 18 or older? Yes No

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office equipment can you operate: _____

Are you prevented from lawfully being employed in the US? Yes No

Do you have a relative who serves on the New Summerfield ISD Board of Education?
 Yes No If yes, please provide the relative's name and relationship: _____

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.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you applied.

EDUCATION:

Check the highest level of education attained:

- Not a high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
 High School Graduate GED Less than two years of college
 Two or More years of College Bachelor's Degree
 Master's Degree Other Training or Education _____

Licenses and certificates held _____

| Schools | No. of Yrs. Attended | Name/Location of Schools Attended | Diploma, Degree, Certificate or License | Date of Graduation |
|---------|----------------------|-----------------------------------|---|--------------------|
| GRAMMAR | | | | |
| HIGH | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

WORK EXPERIENCE

Please provide a complete list of all positions you have held in the past 10 years. List the most recent first. Attach additional sheets if necessary (bus driver applicants, see addendum). Attach résumé if available. List work experience beginning with most recent years.

| Name /Address of Company | Date | | List Your Duties | Reason for Leaving |
|--------------------------|------|----|------------------|--------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List specific skills and any machines or equipment you can operate. Include typing speed and number of years of experience.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list references the district can contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers

REFERENCES

| Name | Address | Occupation |
|------|---------|------------|
| | | |
| | | |
| | | |

FOR SUBSTITUTE TEACHERS ONLY

CERTIFICATE OR LICENSE CURRENTLY HELD:

A. Type of certificate presently held:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Emergency (Texas) |
| <input type="checkbox"/> Valid Texas | <input type="checkbox"/> Texas one-year certificate—expires _____ Month Year |
| <input type="checkbox"/> Valid _____ state | <input type="checkbox"/> Texas temporary administrative—expires _____ Month Year |

B. Areas of Specialization:

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

Please list the days you are available to substitute and your assignment preferences. Day(s) of week

- Every Day Only the following days:
- Monday Tuesday Wednesday Thursday Friday
- Assignment Any or only the following:
- Elementary Intermediate Secondary Special Education

Are you receiving Texas Teacher Retirement (TRS) benefits? Yes No (The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)

EVERYONE MUST COMPLETE VERIFICATION.

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.

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 | |