APPLICATION FOR SUBSTITUTE TEACHER

An Equal Opportunity Employer*

Date of application _____

Personal Data

Name_____
          Last   *First*   *Middle initial*

Current address _____
          Street/Box   *City*   *State*   *ZIP Code*

Other address where you may be reached _____

Home phone _____ Cell phone _____ Other phone _____

Other name that may appear on records _____

    (Used for certification, reference, and criminal history record checks)

Assignment Preference

Please list the days you are available to substitute and your assignment preferences.

Day(s) of week ❑ Every day

           ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Assignment ❑ Any assignment

           ❑ Elementary ❑ Intermediate ❑ Secondary ❑ Special Education

Preferred campuses_____

_____

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.)

Position Data

Credentials included with application:

  ❑ Résumé

  ❑ All teaching and professional certificates or licenses

  ❑ All transcripts showing degrees

Have you been employed by_____ISD in the past? ❑ Yes ❑ No

If you answered yes, provide dates of employment_____

Education/Training

List the highest level of education attained: _____

Licenses and certificates granted _____

Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated *(College only)*

Certification

Certificates or Licenses Currently Held:

- ❑ None
- ❑ Valid Texas
- ❑ Valid Other State_____
- ❑ Texas One-Year (out-of-state/country): Expiration date: _____
- ❑ Other: _____

Category/Level(s) of Certification: _____ _____

Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):

_____ _____

_____ _____

_____ _____

Teaching Experience

List teaching experience beginning with most recent years.

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	

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 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	

References

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

General Information

Have you ever been convicted of, pled guilty or no contest (nolo contendre) 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)? ❏ 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.)

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 sub sequent 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, per sonal 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 required by Texas Education Code to review criminal history record information of substitute teachers.

_____   _____
Signature   Date

This application becomes the property of the district. The district reserves the right to accept or reject it.

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.

District Title IX Coordinator
Jon Wunderlich, Superintendent
506 W. Main St.
Weimar, Texas 78962
(979) 725-9506

Confidential*

The Weimar 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 _____
                        State and Number

Mailing Address _____
                  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

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 <u>name and DOB</u> 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 <u>any</u> criminal history record information obtained using the <u>name and DOB</u> method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> 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

Weimar Independent School District
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: _____

Hire _____   Not Hired _____   _____ initial

Date Printed:_____   _____ initial

Destroyed Date:_____   _____ initial

Retain in your files

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