

GENERAL INFORMATION

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying? Yes [] No [] if yes, please explain: _____

Do you have a relative who is either a member of the Anton ISD Board of Trustees or who is employed in any capacity in the Anton ISD? Yes [] No [] if yes, please give the name of relative, relationship, and position held: _____

Have you ever been convicted of a felony or offense involving moral turpitude and/or received probation or deferred adjudication? Yes [] No [] if yes, please explain: _____

EMPLOYMENT REFERENCES

Please list below references that may be contacted regarding your work history.

Full Name of Reference	School District/ Firm Name	Mailing Address	Position Title	A/C Phone No.
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VERIFICATION

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

I understand that the district is required by Texas Education Code §21.917 to obtain criminal history record information on applicants for employment.

I understand that, if employed, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for dismissal.

Furthermore, this application becomes the property of the district that reserves the right to accept or reject it.

Signature of Applicant

Date

CERTIFICATION

• Type of certificate held now

- None
- Valid Texas
- Valid other state _____
- Emergency (Texas)
- Texas one-year certificate: Expiration date ____/____/____
- Texas temporary administrative: Expiration date ____/____/____

• Areas of specialization

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> All level Art | <input type="checkbox"/> Vocational (specify): _____ |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> All level health & PE | |
| <input type="checkbox"/> Principal | <input type="checkbox"/> All level music | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mid-Management Administrator | <input type="checkbox"/> Librarian | <input type="checkbox"/> Visiting teacher |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary and kindergarten | <input type="checkbox"/> Special Education (specify): _____ | <input type="checkbox"/> Others (specify): _____ |
| <input type="checkbox"/> Secondary (junior and senior high) | | |

Would you be willing to take additional training if required for certification or endorsements? Yes No

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School & Location	Type of Assignment	Dates Taught	Reason for leaving

Total creditable years _____ (full-time teaching in college, public school, or in an accredited private school is creditable.)

Have you ever been in a position that was non-renewed _____

Reason for non-renewal _____

OTHER WORK EXPERIENCE

Please provide a complete listing of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Please attach resume, if available.

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

Details of supervision:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

County: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENT SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN STATE	COUNTY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, _____

APPLICANT (PRINT NAME)

APPLICANT'S SIGNATURE

EFFECTIVE 1/1/2008 ALL PERSONNEL EMPLOYEED WILL BE REQUIRED TO SUBMIT TO FINGERPRINTING REQUIREMENTS BASED ON SB 9.

ALL FEES ASSOCIATED WITH THIS PROCESS WILL BE THE RESPONSIBILITY OF THE APPLICANT UNLESS THE DISTRICT HAS AGREED IN ADVANCE TO BE RESPONSIBLE FOR THIS FEE.

DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a computerized criminal 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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI 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.

Signature of Applicant or Employee

_____/_____/_____
Date

Anton ISD
Agency Name

Nancy Webb
Agency Representative Name (Please Print)

Nancy Webb
Signature of Agency Representative

_____/_____/_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ___ NO ___ initial

Purpose of CCH: _____

Hired ___ Not Hired ___ initial

Date Printed: ___/___/___ initial

Destroyed Date: ___/___/___ initial

Pre-Employment Affidavit for Applicant

For purposes of this affidavit:

Adjudication and conviction refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

Charge refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

Inappropriate relationship refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

I declare under penalty of perjury that the foregoing is true and correct.

Name (First, Middle, Last)

Date of Birth

Address (Street, City, State, Zip Code)

County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

Approved by the Texas Commissioner of Education, October 2017.