

NEWTON INDEPENDENT SCHOOL DISTRICT

PERSONNEL DEPARTMENT

414 NORTH MAIN STREET

NEWTON, TEXAS 75966

APPLICATION FOR EMPLOYMENT

NON-CERTIFIED

(Please complete in your handwriting or printing. DO NOT TYPE.)

Name of Applicant _____
Last First Middle

Present Address _____
P.O. Box or Street City, State, Zip Area Code/Tel No.

Person/Address to Contact in Emergency _____
Name Address Area Code/Tel No.

Social Security Number _____ Date of Birth _____

Present Position _____

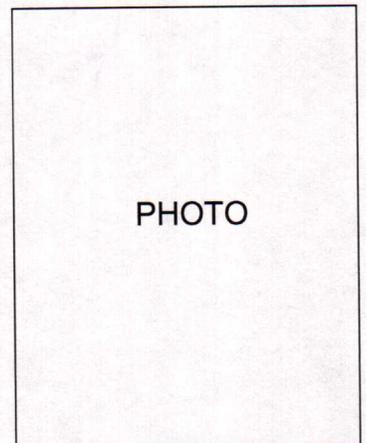
Have you ever been arrested or convicted of a felony or any offense involving moral turpitude? If yes, please explain. _____

Please list any relatives or acquaintances employed by this district. _____

Are you related to any Newton School Board member? _____
Name Relationship

List positions for which you are applying in order of preference.

1. _____
2. _____
3. _____
4. _____



Date you will be available for employment. _____

If not employed full-time, are you interested in substitute teaching? _____

OFFICE USE ONLY

Date Received _____ Date Acknowledged _____ G.P.A. _____

Comments _____

“YES” answers to the following 4 questions will not necessarily result in denial of employment. The District will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist the District in determining your eligibility, qualifications and suitability for employment. ATTACH ADDITIONAL SHEETS IF NECESSARY.

1. Have you ever been convicted of, or admitted committing (including a plea of no contest or guilty whether placed in a pre trial diversion program, deferred adjudication or probation), or are you awaiting trial for any charge of a crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “YES,” you must provide dates of the proceedings, the court where the proceedings occurred, a detailed statement of the accusation against you and the final disposition of the case(s).

YES / NO. Explanation: _____

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer “YES,” you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a detailed statement of the alleged reasons for termination and your statement of the circumstances.

YES / NO. Explanation: _____

3. Have you ever had any license or certification of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES” you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a detailed statement of the accusations against you and the final disposition of the case or charge.

YES / NO. Explanation: _____

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES”, you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES / NO. Explanation: _____

EDUCATION

Applicant's Name

Schools Attended	Name of Institution	Date From	Date To	Major Course	Diploma/Degree Or Hours Earned
High School					
College or University					
Other Formal Training					

Other experience or qualifications which you think would strengthen your application: _____

APPLICANT'S STATEMENT

I hereby certify that the information presented in this application to the best of my knowledge is true, accurate, and complete. Any falsification of this record will be sufficient cause for disqualification. Furthermore, it is understood that this application becomes the property of Newton Independent School District which reserves the right to accept or reject it. I hereby authorize Newton Independent School District to contact the references listed on this application. References and information, which become a part of this record, may be revealed to all persons who participate in the selection of employees.

Date _____

Signature _____

**RETURN TO:
Newton Independent School District
Personnel Department
414 North Main Street
Newton, Texas 75966**

It is the policy of Newton I.S.D. not to discriminate on the basis of sex, handicap, race, color, and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

DPS Computerized Criminal History (CCH) Verification

Newton ISD

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 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 fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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 of file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

____/____/____
Date

NEWTON ISD

Agency Name

Agency Representative Name (Please Print)

Signature of Agency Representative

____/____/____
Date

Office Use Only:	
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
Retain in your files	



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

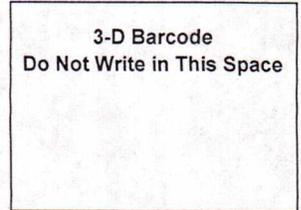
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Administrative Secretary	
Last Name (Family Name) Satterwhite	First Name (Given Name) Gwen	Employer's Business or Organization Name Newton ISD		
Employer's Business or Organization Address (Street Number and Name) 414 N Main Street		City or Town Newton	State TX	Zip Code 75966

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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