

**Wells Independent School District**  
**P.O. Box 469**  
**Wells, Texas 75976**

**Employment Application for Professional Personnel**

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

*An Equal Opportunity Employer*

Date of Application _____ Social Security No. _____			
Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span><i>Last</i></span> <span><i>First</i></span> <span><i>Middle initial</i></span> </div>			
Current address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span><i>Street/Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>ZIP Code</i></span> </div>			
Work Phone _____		Home Phone _____	
E-mail address _____			
Other Name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
List the position(s) you are applying for _____			
Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Date You can begin work _____ Have you been employed by Wells ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Name and location of Schools attended	Course of study and major/minor	Diploma, degree, certifi- cate, or license held	Year graduated <small>(College only)</small>

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Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.

Papers/articles published \_\_\_\_\_

Seminars/workshops conducted \_\_\_\_\_

Other related professional activities \_\_\_\_\_

**Do You have a relative who serves on the Wells ISD Board of Education?**

Yes  No If yes, please provide the relative's name and relationship \_\_\_\_\_

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

**Please list references the district 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	Position/title	Area code, Phone number

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**Certificate or License Currently Held:**

None

Valid Texas

Valid Other State \_\_\_\_\_

Texas Emergency

Texas One-Year: Expires \_\_\_\_\_

Texas Temporary Administrative: Expires \_\_\_\_\_

Level(s) of Certification: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List teaching experience beginning with most recent years.**

Name and location of school	Type of assignment	Dates taught	Reason for leaving

**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 resume if available.**

School/District/ firm name	Position/title	Dates employed	Reason for leaving

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Please make a statement in your own handwriting concerning your reasons for desiring a position with the Wells Independent school District. (Please use additional sheets of paper if necessary.)

Personal Statement

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 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 §22.083 to obtain criminal history record information on applicants the district intends to employ.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 application.

Verification

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

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**Confidential\***

The Wells Independent School District is authorized by state law to obtain Criminal history record information on applicants the district intends to employ (Texas Education Code §22.083). The information requested below is necessary to obtain criminal history record information.

*Please Print*

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_

Date of birth \_\_\_\_\_

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

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\*This form will be removed from the application and filed separately in the personnel office.

# DPS Computerized Criminal History (CCH) Verification

( Wells ISD Copy )

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 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 any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 with Wells ISD. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Wells Independent School District

\_\_\_\_\_  
Agency Name (Please print)

James Moore

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	