

MALAKOFF INDEPENDENT SCHOOL DISTRICT
1308 FM 3062 – MALAKOFF, TX 75148
PH 903-489-1152 FAX 903-489-2566
EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL
An Equal Opportunity Employer

Date of application _____				
Personal Data	Name _____ <small style="display: block; text-align: center; margin-left: 100px;">Last</small> <small style="display: block; text-align: center; margin-left: 200px;">First</small> <small style="display: block; text-align: center; margin-left: 300px;">Middle initial</small>			
	Mailing address _____ <small style="display: block; text-align: center; margin-left: 100px;">Street/Box</small> <small style="display: block; text-align: center; margin-left: 200px;">City</small> <small style="display: block; text-align: center; margin-left: 300px;">State</small> <small style="display: block; text-align: center; margin-left: 400px;">ZIP Code</small>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small style="font-style: italic;">(Used for certification, reference, and criminal history record checks)</small>			
Position Data	List the position(s) for which you are applying _____			
	Credentials included with application:			
	<input type="checkbox"/> Résumé			
	<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 Malakoff ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide dates of employment _____				
Education/Training	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>



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Certification/Licensure	<p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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		



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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

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General Information	<p>Do you have a relative who serves on the Board of Education or is an employee of Malakoff ISD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship: _____</p> <p>_____</p> <p>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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p><small>(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.)</small></p>
Verification	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history of applicants.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**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. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Randy Perry, Superintendent, 1308 FM 3062, Malakoff TX 75148



MALAKOFF INDEPENDENT SCHOOL DISTRICT

813 E. Royall Blvd. Malakoff, Texas 75148
 PHONE: (903) 489-1152 FAX: (903) 489-2566

REFERENCE RELEASE FORM

APPLICANT CLEARLY PRINT THE NAME AND ADDRESS OF A PREVIOUS SUPERVISOR. IT MUST BE LEGIBLE FOR MAILING.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FOR YOUR CONVENIENCE, WE HAVE ENCLOSED A SELF-ADDRESSED ENVELOPE. PLEASE COMPLETE THE FORM AND RETURN TO MALAKOFF ISD (NOT THE APPLICANT).

THANK YOU FOR YOUR ASSISTANCE.

REQUEST FOR REFERENCE

I have applied for the position of: _____ In the Malakoff I.S.D. In requesting this reference, I do hereby release those furnishing information from any liability for damage of any nature as a result of furnishing such information and do hereby agree that this reference will not be shared with me.

(Print Name)

(Signature of Applicant)

DATE: _____

APPRAISAL OF APPLICANT'S QUALITIES IN REFERENCE TO THE POSITION APPLIED FOR

(This information is confidential and will be held in strict confidence.)

	OUTSTANDING	STRONG	AVERAGE	FAIR	POOR	NO OCCASION TO OBSERVE
TEACHING EFFECTIVENESS						
ATTITUDE TOWARD CHILDREN Recognizes needs						
WORK HABITS						
PERSONALITY Wholesome, Pleasing						
EVIDENCE OF BEING UP TO DATE PROFESSIONALLY						
INTELLECTUAL CAPACITY Alert, Response						
EMOTIONAL STABILITY Self-control						
SOCIAL QUALITIES Evidence of social maturity						
ADAPTABILITY TO JOB ASSIGNMENT						
PUBLIC RELATIONS						
USE OF ENGLISH IN WRITING, SPEECH, AND CONVERSATION						

1. What is your relationship to this applicant: College Professor _____ Superintendent _____ Principal _____ Other _____
2. Between what dates have you known the applicant's work? From ____ / ____ / ____ to ____ / ____ / ____
3. What position did the applicant occupy and at what school or organization? _____
4. If applicant were applying to you for this position would you Employ without looking further Consider strongly, but look at additional applicants Not consider for employment
5. Telephone number where you can be reached for reference: Work _____ Home _____

SIGNATURE _____

DATE: _____

POSITION _____

PLEASE FILL FREE TO TO ADD ADDITIONAL COMMENTS ON THE REVERSE SIDE OF THIS FORM.

Comments:

Please return to:

**Personnel Department
Malakoff Independent School District
813 E. Royall Blvd.
Malakoff, TX 75148**

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CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL - This form will be removed from the application and filed separately.

Malakoff Independent School District is required by state law to review the criminal history of applicants, employees, student teachers and volunteers. The information requested below is necessary to obtain criminal history record information.

Full name (Please print): _____
Last First Full Middle Name

Address: _____

Telephone #: _____

List any and all other name(s) previously used, including maiden name:

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Sex: ___ Male ___ Female

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

___ Hispanic/Latino ___ Not Hispanic/Latino

Part 2. Ethnicity: What is the person's race (Choose one or more)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White

I understand 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. My signature authorizes the release of any and all police/criminal history information to Malakoff Independent School District.

Signature _____

Date _____

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> No Matching Records | <input type="checkbox"/> Matching Records |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved |

By: _____

Date: _____

MALAKOFF INDEPENDENT SCHOOL DISTRICT

1308 FM 3062 ~MALAKOFF, TX 75754

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, (printed name) _____, 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 date of birth information 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 (as listed below) conducting the criminal history check is not allowed to discuss any criminal history information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the name and date of birth search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

If I need to be fingerprinted, I have been made aware that in order to complete this process I must have the correct fingerprinting form (*FAST Fingerprint Pass*) from this agency, make an online appointment with Fingerprint Applicant Services of Texas (FAST) at www.identogo.com or by calling 1-888-467-2080, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company.

Signature of Applicant or Employee	<p style="text-align: center;">Please: Check and Initial each Applicable Space</p> CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial Purpose of CCH: _____ Date Printed _____ _____ initial Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial Destroyed Date: _____ _____ initial <input type="checkbox"/> Employment Applicant <input type="checkbox"/> Student Teacher <input type="checkbox"/> Volunteer <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Maintenance/Food Service <input type="checkbox"/> Bus Driver Retain in your files
Date	
MALAKOFF ISD	
Agency Name (Please print)	
Agency Representative Name (Please print)	
Signature of Agency Representative	
Date	

This copy must remain on file by your agency. Required for future DPS Audit

Malakoff Independent School District

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 Texas, on the _____ day of _____
County 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 pre-employment affidavit.**

**This form will be removed from the application and filed separately in the HR office.
Approved by the Texas Commissioner of Education, October 2017.*