

EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL



Hempstead
Independent School District
1440 13th Street ~ Hempstead, Texas 77445
Phone: (979) 826-3304 Fax: (979) 826-5510

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

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Date of Application Email

Last Name First Name Middle Name

Address City State Zip Code

Work Phone # Home Phone # Cell Phone #

Other name(s) that may appear on official records
(used for certification, reference and criminal history record checks)

POSITION

Position(s) for which you are applying:

List student activities in which you could assist (include sports which you are qualified to coach):

Please include the following credentials with your application:

- * Resume
- * Copies of all teaching and professional certificates or licenses
- * Copies of all transcripts (front and Back) showing degree earned

Date available for employment

Have you ever been employed by Hempstead ISD? No Yes

If you answered yes, provide dates of employment

EDUCATION/TRAINING

Name & Location of Schools Attended	Course of Study and Major/Minor	Diploma, Degree, Certificate or License Held	Date Earned

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CERTIFICATION

Certificate or License currently held:

- None
- Valid Texas Educator Certification (check all that apply)
- Provisional, Standard or Professional
- Probationary
- Emergency
- Temporary Administrative:

Valid Other State Educator Certification

Other

List specific certificates or licenses currently held:

Type of Certificate or Permit: (i.e., Standard, Provisional, etc.)	Area of Specialization or Endorsements:	Issue State or Agency	Expiration Date

TEACHING EXPERIENCE

Please provide a list of all other jobs or administrative positions you have held in the past 10 years.
Send/Attach additional sheets if necessary.

Name & Location of School (begin with most recent experience)	Type of Assignment	Dates Taught	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.
Send/Attach additional sheets if necessary.

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

General Information

Do you have a relative who serves on the Hempstead ISD Board of Trustees? Yes No

If yes, please provide the relative's name and relationship:

Can you, after employment, submit verification of your legal rights to work in the United States? Yes No

Have you ever been convicted of, pleaded guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony 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; indicate whether charges were dismissed as a condition of probation, suspension, or deferred adjudication:

* Failure to report any of the above mentioned offenses may be reason for proposed nonrenewal of an employee's term contract.

* 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.

References

Please list references the district may contact regarding your work history. Please include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full Name of Reference	School District/ Firm	Mailing Address	Position/Title	Area Code & Phone Number

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

Signature of Applicant

Date

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

**Applicants for all positions are considered without regard to age, race, color, national origin, religion, sex, marital status, veteran or military status, disability or any other legally protected status.*

The District Title IX Coordinator is:

Rose Uherek
524 Austin Street/P. O. Box 1007
Hempstead, TX 77445
Phone: 979-826-3304 X235

HEMPSTEAD ISD

CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT IN COMPLIANCE WITH FCRA (FAIR CREDIT REPORTING ACT)

Last Name First Name Middle Name

Maiden or other name(s) used in any and all other records of birth records of residence.

*Address Apartment or #

City State Zip Code

**Date of Birth SSN **Gender **Race

**Driver's License # **Driver's License # Expiration Date ** State Issued Driver License's

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include but not limited to, a criminal record check, employment and education verification, personal references, personal interviews, my personal credit history, and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy, online submission, or email shall be as valid as the original.

The following are my responses to questions regarding my criminal history (if any).

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). Yes No

If yes, please provide details below.

State: County: Date of Offense:

Details of Conviction:

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal offense?

Yes No

If yes, please provide details below.

State: County: Date of Offense:

Details of Offense:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? Yes No

If yes, please provide details below.

State: County: Date of Offense:

Details of Supervision:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No

If yes, please provide details below.

Country: City: Date of Offense:

Details of Conviction:

5. As of the date of this consent form, do you have any pending charges against you? Yes No

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 RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18. This section must be completed even if you have only lived at one address listed at the top of the form.)

City/Town	County	State

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

Signed this day of , Year
Day Month Year

Applicant (Print Name)

Applicant's Signature