

Medina ISD, Human Resources, P.O. Box 1470, Medina, TX 78055-1470

Employment Application for Professional Personnel

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability or any other legally protected status

An Equal Opportunity Employer

PERSONAL DATA

Date of Application _____ Social Security No. _____

Name _____

Last First Middle Initial

Current Address _____

Street/Box City State Zip Code

Other address where you may be reached _____

Work Phone No. _____ Home Phone No. _____

Name used on records if different from present name _____

(to be used for reference checks)

POSITION DATA

Position for which you are applying: _____

Credentials included with application:

- Resume
- All teaching and professional certificates (front and back, if appropriate)
- All transcripts showing degrees.

Date Available: _____

Former Medina ISD Employee: Yes No

If yes, give dates of employment: _____

EDUCATION/TRAINING

Schools Attended: List all applicable information.

Name of School and Location	Course of Study Major/Minor Fields	Diploma, Degree or Certificate	Year Graduated (College Only)

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"/> Vocation (specify): _____
<input type="checkbox"/> Superintendent	<input type="checkbox"/> All level health and PE	<input type="checkbox"/> _____
<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"/> Other (specify): _____
<input type="checkbox"/> Secondary (Junior and senior high)	_____	_____

TEACHING EXPERIENCE

List teaching experience beginning with most recent years.

Name of School and Location	Type of Assignment	Dates Taught	Reason for Leaving

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

PROFESSIONAL DATA

Omit references to organizations that would reveal race, age, ethnic origin or religious persuasion.

- Publications/articles _____

- Seminars/workshops conducted _____

- Other related professional activities _____

GENERAL INFORMATION

- Do you have a relative who is a member of the Medina ISD Board of Education?
Yes No If yes, please give the name of relative and relationship: _____

- Have you even been convicted of a felony or 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: _____

(Conviction of a felony 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 below references who may be contacted regarding your work history. Please include all managers/supervisors at the last two employing organizations who evaluated or supervised your performance.

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

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 same to you.

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

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 a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

Addendum for School Bus Driver Applicants Only

Each person who applies to be a bus driver must provide the following information at the time of application.

Note: Bus drivers are required to have a physical examination and an alcohol and drug screening test.

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Applicant's Name _____

Phone No. _____ Hours Available for Work _____

Driver's License No. _____ Type _____ School Bus Certification Yes No

Have you ever had a license suspended, revoked or canceled? If yes, explain on back. Yes No

Are any criminal charges or proceedings pending against you? If yes, explain on back. Yes No

Have you even been convicted of any serious traffic violation? Yes No
If yes, state where, when and nature of the offense on back of form.

In the past two years have you failed an alcohol or drug test given by an employer? Yes No
If yes, explain on back of form

WORK EXPERIENCE

Specify work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List most recent experience first. Use back side if necessary.

Employer Address and Phone	Kind of Work	Dates Employed	Reason for Leaving

VERIFICATION

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and I understand that any deliberate falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to the date of this application.

Furthermore, I authorize this information provided above to be used, and previous employers may be contacted for investigation purposes and that all parties are released from any liability for any damage that may result from furnishing information to you.

Signature of Applicant

Date

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

Confidential*

The Medina (User #0807E) 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

Address _____
Street City State Zip

Driver's License _____
State and Number

Social Security number _____ Date of birth _____

- Sex: Male Female
- Ethnicity: Native American
 Asian or Pacific Isl.
 Black, Not Hispanic
 Hispanic
 White, Not Hispanic

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.

Signature

Date

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

DPS Computerized Criminal History (CCH) Verification (AGENCY 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 by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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