

Iredell
Independent School District
P.O. Box 39
Iredell, Texas 76649

Application of _____

name

address

present position

Application for a

Position as: _____

Valid Certifications

State

date

signature

It is the policy of Iredell Independent School District not to discriminate on the basis of race, color, national origin, sex, handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, as amended. It is also the policy of Iredell Independent School District not to discriminate on the basis of age.

1. Full name _____ Social Security No. _____
2. Present address _____ Telephone No. _____
 _____ Zip Code _____
3. Permanent address _____ Telephone No. _____
 _____ Zip Code _____
4. Give full and accurate data regarding your educational development.

<i>School or Institution - Name</i>		<i>Degree or Diploma</i>	<i>Credits or Hours Received</i>
EDUCATIONAL/PROFESSIONAL TRAINING	High School:		
	College or University:		

5. Give full and accurate data regarding your teaching experience.

TEACHING EXPERIENCE	<i>Name of School or Institution - Location</i>	<i>Grades of H.S. Subjects</i>	<i>Date</i>	<i>No of Months</i>
	Total Years of Teaching Experience _____			

6. Have you ever had a teaching certificate revoked, suspended, or denied, in this or any other state? **Yes No**
 This does not apply to a certificate that is invalid solely because it has expired.
 If **Yes**, which state? _____ Attach complete details.

7. Give full and accurate data regarding work experience outside of teaching.

Name of Company – Location	Job	Date of Employment

8. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? **Yes** **No**

If **Yes**, state the date and place of arrest, nature of charge, date and court in which convicted, and subsequent disposition. _____

Attach a separate sheet, if necessary.

9. Check any of the following which you are able to direct or coach successfully:

- Debates Oratorical Contests Clubs Basketball Track Cheerleaders
 School Plays Orchestra Choir Baseball Tennis Football
 Science or Mathematics Competition Arts and Crafts Playground Activities

10. Add by letter any additional information that will give us a more complete estimate of your training experience, character and ability. Testimonials in your possession may be included.

What Academic or professional honors have you received? _____

11. A personal interview is required before appointment will be made.

12. When could you begin work here? _____

13. This application will be placed on file for consideration when vacancies occur. It should be complete and accurate in every detail. In case of appointment you will be notified. Mail application to Superintendent of Schools.

14. For information about your rights and grievance procedures, contact the Title IX Coordinator and Section 504 Coordinator, at P.O. Box 39, Iredell, Texas 76649, (254) 364-2411.

15. Give at least five references, including especially superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship and teaching ability.

REFERENCES	<i>Name</i>	<i>Bus. Ph. # / Home Ph. #</i>	<i>Official Position</i>
	1.		
	2.		
	3.		
	4.		
	5.		

DO NOT WRITE ON THIS PAGE

For use of Superintendent

OFFICIAL DATA		Date	School Year	Rank	Salary	Position Assigned	Building	Assignment Changed To
	Appointed							
	Re-appointed							

PROFESSIONAL GROWTH IN SERVICE	Degrees Received <i>(Institution and Date)</i>
	Courses Taken <i>(Institution and Date)</i>
	Research Completed
	Articles Completed <i>(Magazine and Date)</i>
	Memberships Maintained <i>(Professional Organizations)</i>
	Offices Held <i>(Organizations and Dates)</i>
	Travels
	Remarks:

ADDENDUM TO APPLICATION

Confidential

The Iredell Independent School District is required by state law to obtain criminal record information on all applicants for employment with the district (Texas Education Code Section #21.917), The information requested below is necessary to obtain criminal history record information.

Full Name _____
(Print) Last First Middle

Social Security No. _____ Date of Birth _____

Sex: Male _____ Female _____ Ethnicity: Black _____ White/Other _____

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

APPLICANTS FOR A BUSDRIVING JOB - DRIVER LICENSE NUMBER: _____

EXPIRATION DATE: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (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 conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	