

# GROESBECK INDEPENDENT SCHOOL DISTRICT

P. O. BOX 559, GROESBECK, TEXAS 76642-0559

Phone Number: 254-729-4100

FAX Number: 254-729-2391

## 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, the presence of any medical conditions, disability, or any other legally protected status.

*An Equal Opportunity Employer*

<b>Personal Data</b>	Date of application: _____ Social Security Number: _____			
	Name _____			
	<i>Last First Middle Initial</i>			
	Current Address _____			
	<i>Street/Box</i>			
	<i>City State Zip Code</i>			
Other address where you may be reached: _____				
Home phone _____ Cell phone _____				
Other name that may appear on records _____				
<i>(Used only for reference checks)</i>				
<b>Position Data</b>	List the position(s) for which you are applying _____			
	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 Groesbeck ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide dates of employment _____				
<b>Education/Training</b>	Name and Location of Schools Attended	Course of Study and Major/Minor	Diploma, degree, Certificate, or License Held	Year Graduated <i>(College Only)</i>

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<b>Certification</b>	Certificate or license currently held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State <input type="checkbox"/> Highly Qualified <input type="checkbox"/> Texas Emergency <input type="checkbox"/> Texas One-Year: Expires: _____ <input type="checkbox"/> Texas Temporary Administrative: Expires: _____			
	Areas of Specialization: <input type="checkbox"/> Administrator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Mid-management Administrator <input type="checkbox"/> Elementary <input type="checkbox"/> Elementary and Kindergarten <input type="checkbox"/> Secondary (Jr./Sr. High)	<input type="checkbox"/> All-Level Art <input type="checkbox"/> All-Level Health and PE <input type="checkbox"/> All-Level Music <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> Special Education (specify) _____	<input type="checkbox"/> Vocational (specify) _____ <input type="checkbox"/> Nurse <input type="checkbox"/> Visiting Teacher <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (specify) _____	
<b>Teaching Experience</b>	List teaching experience beginning with most recent years.			
	Name and Location of School	Type of Assignment	Dates Taught	Reason for Leaving
<b>Other Work Experience</b>	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

## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

<b>Professional Data</b>	<p>Please list relevant professional activities. Omit references to organizations that would reveal race, age, ethnic origin, or religion.</p> <p>Papers/Articles published _____</p> <p>_____</p> <p>Seminars/Workshops conducted _____</p> <p>_____</p> <p>Other related professional activities _____</p> <p>_____</p>																							
<b>General Information</b>	<p>Do you have a relative who serves on the Groesbeck ISD Board of Trustee?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, give the name of the relative and relationship: _____</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; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication: _____</p> <p>_____</p> <p>_____</p> <p><b>(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.)</b></p>																							
<b>References</b>	<p>Please provide a list of references.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 25%;">Contact Information</th> <th style="width: 20%;">Years Known</th> <th style="width: 25%;">Relationship</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Contact Information	Years Known	Relationship																
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## EMPLOYMENT APPLICATION FOR PROFESSIONAL PERSONNEL

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 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.

# CRIMINAL HISTORY RECORD INFORMATION REQUEST

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## Confidential

The Groesbeck Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please Print:*

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State Number*

Mailing Address \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

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

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

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

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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 \$25,00 to the fingerprinting services company.

Once this process is completed 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

Groesbeck I.S.D.  
Agency Name (Please Print)

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Please:

**Check and Initial each Applicable Space**

CCH Report Printed:

YES\_\_\_ NO\_\_\_ Initial

Purpose of CCH: \_\_\_ Substitute  
                           \_\_\_ Service & Support  
                           \_\_\_ Professional

Other: \_\_\_\_\_

Empl\_\_\_ Vol/Contractor\_\_\_ Initial

Date Printed: \_\_\_\_\_ Initial

Destroyed Date: \_\_\_\_\_ Initial

**Retain in your files**