

General Information

Do you have a relative who serves on the Warren ISD Board of Education? _____ Yes _____ No

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

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

(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 can 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 references	School district/ firm name	Mailing address	Position/title	Area code/ phone number

Certification

Certificate(s) currently held:
List Certification and State:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Certificate or license pending:
State(s) _____

Areas of certification expected:

Reason(s) for lack of certification:

_____ Graduation _____ ExCet
_____ Other (Explain)

Work Experience

List teaching experience beginning with most recent year.

Name and location of school	Type of assignment	Dates taught	Reason for leaving

Other Work Experience

Company / firm name	Position/Title	Dates employed	Reason for leaving

Personal Statement

Please provide a statement of your work philosophy. Please submit in your handwriting.

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, misrepresentation, 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 selected for employment.

Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it. This application will be considered active and kept on file for a period not to exceed 2 years. 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.

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 a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

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 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)

For Agency Use Only:

Signature of Applicant or Employee

Date of Birth

Date Signed

Warren ISD

Agency Name (Please print)

Sherry Mitchell/Emma Peterson

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	