

Flatonia Independent School District
400 E 4th Street
Flatonia, Texas 78941

*An Equal Opportunity Employer**

Date of application _____			
Personal Data	Name _____ <small style="display: inline-block; width: 30%; text-align: center;">Last</small> <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Middle initial</small>		
	Mailing address _____ <small style="display: inline-block; width: 30%; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 35%; text-align: center;">ZIP Code</small>		
	E-mail address _____		
	Home phone _____ Cell phone _____ Other phone _____		
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>		
	Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)		
Assignment Preference	Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education Preferred campuses: _____ _____		
	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____		
Education/Training	List the highest level of education attained: _____ Licenses and certificates granted _____		
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted
	Year graduated <small>(College only)</small>		

Application for Substitute Teacher

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____ _____			
	_____ _____ _____			
Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	

Application for Substitute Teacher

Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.					
Other Work Experience	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
	Employer name and location		Employer name and location		
	Position/title held		Position/title held		
	Dates employed		Dates employed		
	Supervisor's name and phone		Supervisor's name and phone		
	Reason for leaving		Reason for leaving		
References	List references the district can contact regarding your work history.				
	Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone number

Application for Substitute Teacher

General Information	<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 _____ _____ _____</p> <p style="font-size: small;">(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.)</p>
Verification	<p>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.</p> <p>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.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <p style="text-align: center;"> _____ Signature _____ Date </p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

District Title IX Coordinator
 Andy Reddock, Ed.D., Superintendent
 400 E 4th Street • Flatonia, TX 78941
 (361) 865-2941

CRIMINAL HISTORY INFORMATION REQUEST

CONFIDENTIAL*

The Flatonia 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

Social Security Number _____ Date of Birth _____

Driver's License Number _____
State and 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 file separately in the HR office.



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

I, _____, have been notified that a Computerized
APPLICANT OR EMPLOYEE NAME (Please print)
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 agency listed below, and pay a fee of \$24.95 to
the fingerprinting services company, L1 Enrollment Services.

Once this process is complete and the agency received 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 the future DPS Audits)

Signature of Applicant or Employee

Date

FLATONIA ISD
Agency 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		