

# Oglesby Independent School District

www.oglesbyisd.net

125 College Ave  
Oglesby, TX 76561

Superintendent (254) 456-2271

Principal (254) 456-2242

## Professional Employment Application

### Personal Data

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/Box City State Zip Code

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Type of position(s) for which you are applying: \_\_\_\_\_

Former Oglesby I.S.D. employee information:

( ) Not Applicable ( ) Former Oglesby I.S.D. employee who resigned:

\_\_\_\_\_ (Year)

### Education/Training

College or University	Location	Dates	Major Field of Study	Minor Field of Study	Type of Degree	Year Earned

**Attachments**

Credentials included with application:

- ☐ Resume      ☐ All teaching and professional certificates (front and back if appropriate)

**Certification**

A. Type of certificate held now:

- ☐ None      ☐ Valid Texas      ☐ Valid Other State: \_\_\_\_\_  
☐ Emergency (Texas)      ☐ Texas One-Tear Certificate: Expires \_\_\_\_\_  
☐ Alternative certification Program

B. Areas of Specialization

- ☐ Administrator      ☐ Secondary (Junior and Senior High)  
☐ Superintendent      ☐ All Level Art  
☐ Principal      ☐ All Level Health and PE  
☐ Mid-Management Administrator      ☐ All Level Music  
☐ Elementary      ☐ Counselor  
☐ Elementary and Kindergarten      ☐ Visiting Teaching  
☐ Nurse      ☐ Supervisor  
  
☐ Special Education (specify): \_\_\_\_\_  
☐ Vocational (specify): \_\_\_\_\_

**Teaching/Other Work Experience**

School District, University, or Private School/Firm Name	Location City/State	Grades/Subjects Taught or Position	Dates	Reason for Leaving
Total creditable years: _____ (This must be filled in. Only teaching full-time in college, public school, or in an accredited private school is creditable)				

**Professional Data**

Professional organizations and offices: \_\_\_\_\_

Other related professional activities: \_\_\_\_\_

**General Information**

Do you have any physical or health impairments that would limit your ability to perform the job(s) for which you are applying?    ☐ yes    ☐ no

If yes, please explain: \_\_\_\_\_

How many days have you lost as a result of personal illness during the last three years? \_\_\_\_\_

Do you have a relative who is either a member of the Oglesby I.S.D. Board of Education or who is employed in any capacity in the Oglesby I.S.D.?

☐ yes                      ☐ no

**Employment References**

Please list below references that may be contacted regarding your work history.

School District/ Firm Name	Mailing Address	Area Code/ Phone	Immediate Supervisor	Dates Employed

### Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge. 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 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Legal Signature of Applicant)

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 twelve months. If you have not received a response during this time period, you may reapply or reactivate your application.

## CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

### *Confidential*

The Oglesby 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) and volunteers participating in OISD activities. The information requested is necessary to obtain criminal history record information.

Please print:

Name \_\_\_\_\_  
Last First Middle Maiden

List any married names or other names you have had \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ (State) \_\_\_\_\_

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 personnel 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**