

# BOSQUEVILLE INDEPENDENT SCHOOL DISTRICT

7636 Rock Creek Road - Waco, TX 76708 (254)757-3113 www.bosqueville.k12.tx.us

## APPLICATION FOR PROFESSIONAL EMPLOYMENT

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*

### PERSONAL DATA

Date of Application: \_\_\_\_\_ Date available to begin: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
First Middle Last (Other name that may appear on records)

Current address: \_\_\_\_\_

Other address where you may be reached: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

List the position(s) for which you are applying: \_\_\_\_\_

Former Bosqueville ISD employee?  Yes  No If yes, when? \_\_\_\_\_ Under what name? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### EDUCATION/TRAINING

College/Location	Dates Attended	Major/Minor Field	Degree Earned	Year Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CERTIFICATION

Certificate of License Currently Held:

- Valid Texas certificate
- Valid other state \_\_\_\_\_
- Completing certification program \_\_\_\_\_ in \_\_\_\_\_  
(College/University) (Month/Year)
- Alternative certification: \_\_\_\_\_
- Other: \_\_\_\_\_

List areas of Certification: \_\_\_\_\_

\_\_\_\_\_

**TEACHING EXPERIENCE:**

School, College, etc./Location	Supervisor/Phone	Grade/Subjects Taught	Date of Employment	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER WORK EXPERIENCE**

School/Firm Name	Supervisor/Phone	Position	Dates Employed	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**GENERAL INFORMATION**

Do you have a relative who serves on Bosqueville ISD Board of Trustees?  Yes  No  
If "yes", please provide the relative's name and relationship: \_\_\_\_\_

Please list any languages (other than English) that you can speak, read or write fluently? \_\_\_\_\_

List any special/technical skills or knowledge you can contribute to our district: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for 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:  
\_\_\_\_\_  
\_\_\_\_\_

(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.)



## **Disposition of Application**

This application becomes the property of the District. The District reserves the right to accept or reject the application. Applications will be retained and updated for a one-year period, after which the applicant must notify the Personnel Office of his/her desire to remain in an active status. It is the applicant's responsibility to advise the Personnel Office of any change of name, address, or other status while his/her application is active.

## **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 provide Bosqueville ISD 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 the District.

I understand that the District is authorized by Texas Education Code §22.083 to obtain criminal history record information on all applicants the District intends to employ.

---

Signature

---

Date

## **Application Checklist**

- Have you completed all sections of the application?
- Have you signed the application?
- Have you enclosed your resume?
- Have you enclosed copies of your transcript(s)?
- Have you enclosed a copy of your teaching certificate(s)?
- Have you completed and signed the criminal history release form?

***“Building Foundations For Tomorrow Through Education Today”***

**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.

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 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 \$~~47.50~~ 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

BOSQUEVILLE ISA  
Agency Name (Please print)

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

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

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
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
<b>Retain in your files</b>	

