

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



# KARNACK ISD SUBSTITUTE APPLICATION

|                            |  |  |                             |  |
|----------------------------|--|--|-----------------------------|--|
|                            |  |  |                             |  |
| <b>Certification</b>       | Certificates or Licenses Currently Held:<br><input type="checkbox"/> None<br><input type="checkbox"/> Valid Texas<br><input type="checkbox"/> Valid Other State _____<br><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____<br><input type="checkbox"/> Other: _____ |  |                             |  |
|                            | Category/Level(s) of Certification: _____  |  |                             |  |
|                            | Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):<br>_____<br>_____<br>_____  |  |                             |  |
|                            |  |  |                             |  |
| <b>Teaching Experience</b> | 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          |  |



## KARNACK ISD SUBSTITUTE APPLICATION

|                              |   |   |                             |                |                            |
|------------------------------|---|---|-----------------------------|----------------|----------------------------|
| <b>Other Work Experience</b> | 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. |   |                             |                |                            |
|                              | 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          |                |                            |
|                              | <b>References</b>   | List references the district can contact regarding your work history. |                             |                |                            |
| Full name of reference       |   | School district/<br>firm name   | Mailing address             | Position/title | Area code/<br>phone number |
|                              |   |   |                             |                |                            |
|                              |   |   |                             |                |                            |
|                              |   |   |                             |                |                            |
|                              |   |   |                             |                |                            |



## KARNACK ISD SUBSTITUTE APPLICATION

|                            |  |
|----------------------------|--|
| <b>General Information</b> | <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>_____</p> <p>_____</p> <p>(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>  |
| <b>Verification</b>        | <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> <div style="text-align: right; margin-top: 20px;"> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: inline-block; width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </div> </div> <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.*

The district Title IX Coordinator is           (name, title, address, and phone number)          .



# Confidential

*Please print.*

*Last* *First* *Middle*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_

### State and Number

Mailing Address \_\_\_\_\_

*Street*

City

*State*

*Zip*

Sex: ☐ Male ☐ Female

Ethnicity: ☐ Black ☐ White/Other

history record information.\*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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/Review%20of%20Personal%20Criminal%20History) 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 this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 _____                                      | NO _____ initial            |
| Purpose of CCH: _____                          |                             |
| Empl ____                                      | Vol/Contractor ____ initial |
| Date Printed: _____                            | initial                     |
| Destroyed Date: _____                          | initial                     |
| <b>Retain in your files</b>                    |                             |

## Pre-Employment Affidavit for Applicant Offered Employment

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit. For purposes of this affidavit:

**Adjudication** and **conviction** refer to a conviction, plea of guilty or no contest (*nolo contendere*), probation, suspension, or deferred adjudication.

**Charge** refers to a formal criminal charge as documented by a primary charging instrument (a complaint, information, or indictment) under the Texas Code of Criminal Procedure.

**Inappropriate relationship** refers to the crime of improper relationship between educator and student in Texas Penal Code section 21.12, and any other inappropriate relationship as determined by the State Board for Educator Certification.

I declare the following:

- I have never been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **false**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: \_\_\_\_\_.
- I have been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The charge, adjudication, or conviction was determined to be **true**. The following are all of the relevant facts pertaining to the charge, adjudication, or conviction: \_\_\_\_\_.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Declarant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Address (Street, City, State, Zip Code)

State of Texas

County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.