

ABERNATHY INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR EMPLOYMENT *An Equal Opportunity Employer**

To Applicant: READ THIS INFORMATION CAREFULLY

*The Civil Right Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P.L. 90-202 prohibits discrimination on the basis of age. P.L. 93-112, Section 504 prohibits discrimination on basis of handicapping conditions. The Abernathy Independent School District does not discriminate in employment practices.

Today's Date: _____ Date Received: _____ Interviews: _____ _____ Date Renewed: _____ _____	FILL IN ACCURATELY AND COMPLETELY.	Return application to: Abernathy Independent School District Superintendent's Office 505-7 th Street Abernathy, Texas 79311
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Name: _____		
Last	First	Middle
Maiden Name		
Other names that may appear on records <i>(Used for certification, reference, and criminal history record checks)</i>		Email Address
Present Address	Street and Number	Area Code-Phone
	City and State	Zip Code
Permanent Home Address	Street and Number	Area Code-Phone
	City and State	Zip Code
Name of person who will usually know where you may be reached:		Area Code-Phone

Position For Which Application Is Made.				
Primary Campus Grades PK-1 <input type="checkbox"/> Pre-K <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st Grade <input type="checkbox"/> Special Education	Elementary Campus Grades 2-3 <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade <input type="checkbox"/> Special Education	Intermediate Campus Grades 4-6 Subject: _____ <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 6 th Grade <input type="checkbox"/> Special Education	Jr. High Campus Grades 7-8 Subject: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____ <input type="checkbox"/> Special Education	High School Campus Grades 9-12 Subject: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____ <input type="checkbox"/> Special Education
<input type="checkbox"/> Principal <input type="checkbox"/> Asst. Principal <input type="checkbox"/> Counselor <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____				
Credentials included with application: <input type="checkbox"/> Resume <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees				

List your major(s), minor(s), other teaching fields and endorsements, giving the number of semester hours in each:

Major(s) _____ Other teaching fields(s) _____

Minor(s) _____ Endorsement(s) _____

Educational Level Bachelor Master Doctor Teaching Experience: Total Years_____

Non-Teaching Experience
 (List in chronological order)

From		To		Name of Employer	Address	Telephone	Type of Work
Month	Year	Month	Year				

Professional References

List names of five professional references (Superintendent, Principal, Supervisor, College Professors) capable of giving information about your teaching and preparation for teaching. List at least one administrator in each of your teaching positions. Fill out in full.

Full Name of Reference	Street	City and State	Telephone	Position
1.				
2.				
3.				
4.				
5.				
6.				

Student Teaching

Date_____ Name of School_____ Address_____

Supervisor-Principal_____ Grade-Subject Taught_____

Current placement file may be mailed to the Administration office.

THIS APPLICATION WILL REMAIN ON FILE FOR THE SCHOOL YEAR UNLESS OTHERWISE DIRECTED TO RENEW THE APPLICATION FOR AN ADDITIONAL YEAR.

Teaching Certificate

None

Valid
Other State

Texas
Certificate

Type of Certificate _____

Social Security No. _____
(Providing your Social Security number allows the district to verify your certification. Disclosure is optional.)

Educational History

Name of Institution	Location	Degree(s) Received	Date of Grad.	Major	Sem. Hrs.	Minor	Sem. Hrs.

Teaching Experience

Do not list Paraprofessional (Aide) Experience, Student Teaching and/or Substitute Teaching, unless you were substituting for a teacher on leave and paid full teacher salary.

List in chronological order your entire teaching experience:

From		To		No. of Years	Name and Address of School District	Grade or Subjects Taught
Month	Year	Month	Year			

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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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	