

COLEMAN INDEPENDENT SCHOOL DISTRICT

2302 S. Commercial Avenue
Coleman, Texas 76834
www.colemanisd.net

PROFESSIONAL APPLICATION

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital or veteran status, the presence of a medical condition, disability, or any other legally protected status.
AN EQUAL OPPORTUNITY EMPLOYER

NAME _____ DATE _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

SOCIAL SECURITY NO. _____ PHONE () _____

PERMANENT ADDRESS (IF DIFFERENT) _____
STREET CITY STATE ZIP

EMAIL ADDRESS: _____

NAME USED ON RECORDS IF DIFFERENT FROM PRESENT NAME:

(TO BE USED FOR REFERENCE CHECKS) _____

POSITION APPLIED FOR	<input type="checkbox"/> Classroom Teacher	<input type="checkbox"/> Special Ed. Teacher	<input type="checkbox"/> Voc. Ed. Teacher	<input type="checkbox"/> Counselor
	<input type="checkbox"/> Teacher-Coach	<input type="checkbox"/> Diagnostician	<input type="checkbox"/> Principal	<input type="checkbox"/> Supervisor
	<input type="checkbox"/> Administrator (Specify): _____		<input type="checkbox"/> Other (Specify): _____	

Please Check Certified Fields:
 Elementary Grades (EC-4), Grades in order of preference (1) _____; (2) _____; (3) _____
 Junior High (5-8), Subjects in order of preference (1) _____; (2) _____; (3) _____
 High School (9-12), Subjects in order of preference (1) _____; (2) _____; (3) _____
 Special Education: List Certifications _____

EDUCATION AND PROFESSIONAL PREPARATION						
Name of Institution	Location	Dates		Date of Graduation	Degree or Diploma	GPA
		From	To			
High School:		<i>High School dates not required</i>				
		<i>High School dates not required</i>				
College(s):						

STUDENT TEACHING EXPERIENCE					
School	Dates		Subject/Grades Taught	Supervising Teacher	Phone Number
	From	To			

RECORD OF TEACHING EXPERIENCE						
Name of School District (List most recent first)	Dates		Subject/Grades Taught	No. Years	Immediate Supervisor	Phone Number
	From	To				

OTHER WORK EXPERIENCE					
Attach additional sheets if necessary. Please attach resume, if available.					
Name of Employer and Location	Dates		Type of Work	Phone Number	Reason for Leaving
	From	To			

REFERENCES				
PROFESSIONAL (List four, preferably Superintendents, Principals, Supervisors, and/or Professors)				
Full Name	School District/ Firm Name	Position	Mailing Address	Phone Number

PERSONAL (List two persons known for several years; these may also be educators)				
Full Name	School District/ Firm Name	Position	Mailing Address	Phone Number

GENERAL INFORMATION	
1.	College activities engaged in and any honors received: _____
2.	TECAT: () Passed; () Failed; () Results Pending; () Not Applicable
3.	ExCET: () Passed; () Failed; () Results Pending () Not Applicable
4.	Professional Organizations: _____
5.	Do you have a relative who is a member of the Coleman I.S.D. Board of Trustees? () Yes () No If yes, please give the name of relative and relationship: _____
6.	Have you ever been convicted of a felony? () Yes () No
7.	When could you begin work? _____

CERTIFICATION		
Type of certificate held now:		
() None () Valid Texas () Valid other state _____ () Emergency Texas		
() Texas one-year certificate: Expiration date ____/____/____		
() Texas Temporary Administrative: Expiration date ____/____/____		
Areas of Specialization (Please check areas in which you have valid certification):		
() Kindergarten	() Visiting Teacher	() Industrial Arts
() Elementary	() Ed. Diagnostician	() Voc. Trades & Industry
() High School	() Visually Handicapped	() Voc. Agriculture
() English	() Physically Handicapped	() Voc. Homemaking
() Mathematics	() Hearing Impaired	() Voc. Distributive Ed.
() Science/Science Comp.	() Mentally Retarded	() Voc. Handicapped
() Soc. Studies/Soc. Studies Comp.	() Speech Therapy	() Voc. Health Occupations
() Speech/Drama	() Emotionally Disturbed	() Voc. Office Ed.
() Physical Ed.	() Learning Disabled	() C.V.A.E.
() Music	() Early Childhood	() Counselor
() Art	() Learning Resource Specialist	() Supervisor
() Bilingual	() ESL	() Mid-Management
Other: _____		

APPLICANT'S STATEMENT

I hereby certify that the information herein to the best of my knowledge is true, accurate, and complete. Misrepresentation or fraud in any part of this application may be grounds for dismissal or refusal of employment.

I hereby authorize Coleman I.S.D. to contact previous employees and references listed on this application. I agree that all information obtained by the District shall be confidential and shall not be made available to me. I also authorize C.I.S.D. to obtain any criminal history record information relevant to this application from any pertinent source in accordance with the provisions of the Texas Education Code Section 21.917, and I further authorize any law enforcement agency, including, but not limited to, any police department or the Department of Public Safety and the Texas Department of Corrections to furnish C.I.S.D. any such records. (The District may use information obtained under this section only for the purposes of evaluating applicants for employment.)

APPLICANT'S SIGNATURE: _____ DATE: _____

RETURN TO:
Superintendent
Coleman Independent School District
2302 S. Commercial Avenue
Coleman, Texas 76834

Pre-Employment Affidavit for Applicant

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: _____.

Declaration of Applicant

The following affidavit is offered to satisfy the requirement of Texas Education Code section 21.009 for a pre-employment affidavit, in accordance with Texas Civil Practices and Remedies Code section 132.001. An applicant who is offered employment will be asked to complete a notarized affidavit attesting to the same.

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

Name (First, Middle, Last) _____
Date of Birth

Address (Street, City, State, Zip Code) _____
County

Executed in _____ County, State of _____, on the _____ day of _____, _____.
County State Date Month Year

(Signature of Declarant)

*I understand that the date of birth I am providing will not be used to determine eligibility for employment but will be used solely for the purpose of this unsworn declaration.**

*This form will be processed separately and not shared with the hiring manager.

COLEMAN INDEPENDENT SCHOOL DISTRICT

Criminal History Information Request Confidential

The Coleman Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of ALL APPLICANTS.

The data below must be provided by the applicant to assist the district in obtaining criminal history information.

Full Name _____
(Please Print) Last First Middle Maiden

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issued _____

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 MUST BE COMPLETED AND RETURNED WITH APPLICATION

Criminal History Check:
Date run: _____
Cleared: _____
Initials: _____

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 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

Coleman I.S.D.
Agency Name (Please print)

Mary Strickland
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: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	