

# COLEMAN INDEPENDENT SCHOOL DISTRICT

P.O. Box 900  
Coleman, Texas 76834  
[www.colemanisd.org](http://www.colemanisd.org)

## 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) \_\_\_\_\_

<b>POSITION APPLIED FOR</b>	<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  
P.O. Box 900  
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: \_\_\_\_\_.

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**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.



**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a computerized criminal  
**APPLICANT or EMPLOYEE NAME (Please print)**

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.

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, LI 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 Representative Name (Please Print)

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

<b>Please: Check and initial each Applicable Space</b>
<b>CCH Report Printed:</b>
YES _____ NO _____ _____ <b>initial</b>
<b>Purpose of CCH:</b> _____
Hired _____ Not Hired _____ _____ <b>initial</b>
<b>Date Printed:</b> ____/____/____ _____ <b>initial</b>
<b>Destroyed Date:</b> ____/____/____ _____ <b>initial</b>
<b>Retain in your files</b>